

## CBM003 ADD/CHANGE FORM

<input checked="" type="checkbox"/> Undergraduate Council
<input type="checkbox"/> New Course <input checked="" type="checkbox"/> Course Change
Core Category: <u>NONE</u> Effective Fall <u>2009</u>

or

<input type="checkbox"/> Graduate/Professional Studies Council
<input type="checkbox"/> New Course <input type="checkbox"/> Course Change
Effective Fall <u>    </u>

RECEIVED OCT 21 2008

1. Department: School of Theatre & Dance College: CLASS
2. Faculty Contact Person: Karen Stokes Telephone: 3-2915 Email: kstokes@uh.edu
3. Course Information on New/Revised course:
  - Instructional Area / Course Number / Long Course Title:  
DAN / 1110 / Jazz Dance I
  - Instructional Area / Course Number / Short Course Title (30 characters max.)  
DAN / 1110 / JAZZ DANCE I
  - SCH: 1.00 Level: FR CIP Code: 5003010003 Lect Hrs: 1 Lab Hrs: 0
4. Justification for adding/changing course: To delete course from inventory
5. Was the proposed/revised course previously offered as a special topics course?  Yes  No  
If Yes, please complete:
  - Instructional Area / Course Number / Long Course Title:  
     /      /
  - Course ID:      Effective Date (currently active row):
6. Authorized Degree Program(s): BA THEN
  - Does this course affect major/minor requirements in the College/Department?  Yes  No
  - Does this course affect major/minor requirements in other Colleges/Departments?  Yes  No
  - Can the course be repeated for credit?  Yes  No (if yes, include in course description)
7. Grade Option: Letter (A, B, C ...) Instruction Type: practicum (Note: Lect/Lab info. must match item 3, above.)
8. If this form involves a change to an existing course, please obtain the following information from the course inventory: Instructional Area / Course Number / Long Course Title  
DAN / 1110 / Jazz Dance I
  - Course ID: 17718 Effective Date (currently active row): 20033
9. Proposed Catalog Description: (If there are no prerequisites, type in "none").  
Cr: .( ). Prerequisites:      Description (30 words max.):
10. Dean's Signature:      Date: 10/21/08  
Print/Type Name: Dr. Sarah Fishman