CBM003 ADD/CHANGE FORM.

☐ Undergraduate Council
☐ New Course ☒ Course Change
Core Category: [ ] Core  Effective Fall 2009

or

☐ Graduate/Professional Studies Council
☐ New Course ☐ Course Change
Effective Fall __

1. Department: MIS  College: BUS

2. Faculty Contact Person: Richard Scamell  Telephone: 713-743-4733    Email: rsacamell@uh.edu

3. Course Information on New/Revised course:
   • Instructional Area / Course Number / Long Course Title:
     MIS / 4477 / Network and Security Infrastructure
   • Instructional Area / Course Number / Short Course Title (30 characters max.)
     MIS / 4477 / NETWORK & SECURITY INFRASTRUCT
   • SCH: 4.00  Level: SR  CIP Code: 52.1201.00.16  Lect Hrs: 3  Lab Hrs: 1

4. Justification for adding/changing course: To reflect change in prerequisite course

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): BBA
   • 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: lecture laboratory  (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
   MIS / 4477 / Network and Security Infrastructure
   • Course ID: 45368  Effective Date (currently active row): 808

9. Proposed Catalog Description: (If there are no prerequisites, type in "none").
   Cr: 4. (3-1). Prerequisites: MIS 3360. Description (30 words max.): Coordination of the hardware and software components of data communications systems with laboratory experience.

10. Dean's Signature: ____________________________ Date: 10/21/08
    Print/Type Name: Latha Ramchand, Associate Dean