CBM003 ADD/CHANGE FORM

1. Department: COMD  College: CLASS
   or
   Graduate/Professional Studies Council
   New Course  Course Change
   Core Category: NONE  Effective Fall 2009
   Effective Fall __________

2. Person Submitting Form: Sandra Gold-Singleton  Telephone: 3-2893

3. Course Information on New/Revised course:
   • Instructional Area / Course Number / Long Course Title:
     COMD / 3381 / Audiology
   • Instructional Area / Course Number / Short Course Title (30 characters max.)
     COMD / 3381 / AUDIOLOGY
   • SCH: 3.00  Level: JR  CIP Code: 51.0202.00 14  Lect Hrs: 3-O  Lab Hrs: 0-L

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:
     _____ / _____ / _____
   • Content ID: ______  Start Date (yyyy3): ______

6. Authorized Degree Program(s): BA/BS  COMO
   • 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
   • Are special fees attached to this course?  Yes  No
   • Can the course be repeated for credit?  Yes  No

7. Grade Option: Letter (A, B, C ...)  Instruction Type: lecture ONLY  (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
   COMD / 3381 / Fundamentals of Audiology
   • Start Date (yyyy3): 20023  Content I.D.: 16150

9. Proposed Catalog Description: (If there are no prerequisites, type in "none").
   Cr. 3. (3-0).  Prerequisites: Completed COMD CORE or declared COMD Minor or permission of instructor.  Description (30 words max.): Techniques and instrumentation used for evaluation of hearing. Rationale for audiometric tests, practice in testing, and nonmedical interpretation of results.
   Consent

10. Dean's Signature: ________________________________  Date: 10/21/08
    Print/Type Name: Dr. Sarah Fishman

   RECEIVED OCT 21 2008

- Created on 8/25/2008 2:02:00 PM -