

UC 10621 09F

CBM003 ADD/CHANGE FORM

APPROVED NOV 18 2009

Undergraduate Council
 New Course Course Change
 Core Category: _____ Effective Fall 2010

or

Graduate/Professional Studies Council
 New Course Course Change
 Effective Fall _____

RECEIVED OCT 16 2009

- Department: Health and Human Performance College: EDUC
- Faculty Contact Person: Dr. Phyllis Gingiss Telephone: 39843 Email: pmgingiss@uh.edu
- Course Information on New/Revised course:
 - Instructional Area / Course Number / Long Course Title:
HLT / 4308 / Understanding Cancer
 - Instructional Area / Course Number / Short Course Title (30 characters max.)
HLT / 4308 / UNDERSTANDING CANCER
 - SCH: 3.00 Level: SR CIP Code: 51.0000.01 14 Lect Hrs: 3 Lab Hrs: 0.0
- Justification for adding/changing course: To reflect change in prerequisite course
- 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) yyyy-MM-dd: _____
- Authorized Degree Program(s): B.S. Health
 - 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)
- Grade Option: Letter (A, B, C ...) Instruction Type: lecture ONLY (Note: Lect/Lab info. must match item 3, above.)
- 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
HLT / 4308 / Understanding Cancer
 - Course ID: 026542 Effective Date (currently active row) yyyy-MM-dd: 2003-08-25
- Proposed Catalog Description: (If there are no prerequisites, type in "none".)
 Cr: 3. (3-0). Prerequisites: Junior standing ^{and} six semester hours of natural science or consent of instructor.
 Description (30 words max.): Cancer prevention, and control, and its impact on individuals, families, and the community.

10. Dean's Signature: [Signature] Date: 10/15/09

Print/Type Name: Dr. Robert Wimpelberg