

CBM003 ADD/CHANGE FORM

APPROVED MAR 23 2011

Undergraduate Council  
 New Course  Course Change  
 Core Category: NONE Effective Fall 2011

or

Graduate/Professional Studies Council  
 New Course  Course Change  
 Effective Fall 2011

1. Department: COMD College: CLASS  
 2. Faculty Contact Person: Martha Dunkelberger Telephone: 713-743-2923 Email: mdunk@uh.edu

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 Lab Hrs: 0

RECEIVED OCT 16 2010

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): BA, BS  
 • 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 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 / Audiology  
 • Course ID: 16150 Effective Date (currently active row): 8242009

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

10. Dean's Signature: \_\_\_\_\_ Date: 10/12/10

Print/Type Name: Dr. Sarah Fishman