

UC 11232 10F

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 / 4382 / Aural Rehabilitation
 • Instructional Area / Course Number / Short Course Title (30 characters max.)
COMD / 4382 / AURAL REHABILITATION
 • SCH: 3.00 Level: SR CIP Code: 51.0204.00 14 Lect Hrs: 3 Lab Hrs: 0

RECEIVED OCT 15 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 / 4382 / Aural Rehabilitation
 • Course ID: 16169 Effective Date (currently active row): 8252008

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
 Cr: 3. (3-0). Prerequisites: ~~Approved COMD Majors~~ or ~~Approved COMD Minors~~ and COMD 3381.
 Description (30 words max.): Principles, methodology, and procedures used with children and adults living with hearing impairment. Includes amplification devices, communication skills training, educational programming, and current issues.

10. Dean's Signature: _____ Date: 10/12/10

Print/Type Name: Dr. Sarah Fishman