

UC 11239 10F

CBM003 ADD/CHANGE FORM

APPROVED MAR 23 2011

Undergraduate Council
 New Course Course Change
 Core Category: _____ Effective Fall 2011

or

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

1. Department: COMM College: CLASS
 2. Faculty Contact Person: Julie B. Fix Telephone: 3-3728 Email: jbfix@central.uh.edu

3. Course Information on New/Revised course:
 • Instructional Area / Course Number / Long Course Title:
COMM / 3341 / Health Campaigns
 • Instructional Area / Course Number / Short Course Title (30 characters max.)
COMM / 3341 / HEALTH CAMPAIGNS
 • SCH: 3.00 Level: JR CIP Code: 09.0905.00 01 Lect Hrs: 3 Lab Hrs: 0

RECEIVED OCT 15 2010

4. Justification for adding/changing course: To delete course from inventory
 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): B.A., Communication
 • 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
COMM / 3341 / Health Campaigns
 • Course ID: 45576 Effective Date (currently active row): 08/25/2008

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
 Cr: 3. (3-0). Prerequisites: COMM 3300 or consent of instructor. Description (30 words max.): The formative and evaluative creative processes crucial to health campaigns development.

10. Dean's Signature: _____ Date: 10/14/10

Print/Type Name: Sarah Fishman