

Undergraduate Council
 New Course Course Change
 Core Category: _____ Effective Fall 2012

or

Graduate/Professional Studies Council
 New Course Course Change
 Effective Fall 2012

APPROVED FEB 22 2012

1. Department: Health and Human Performance College: CLASS
 2. Faculty Contact Person: Dr. Sharon Bode Telephone: 3-4112 Email: sbode@uh.edu

3. Course Information on New/Revised course:
 • Instructional Area / Course Number / Long Course Title:
NUTR / 4312 / Nutrition Assessment & Planning
 • Instructional Area / Course Number / Short Course Title (30 characters max.)
NUTR / 4312 / NUTRITION ASSESSMNT & PLANNING
 • SCH: 3.00 Level: SR CIP Code: 51.3101.00 14 Lect Hrs: 3 Lab Hrs: 0

RECEIVED OCT 14 2011

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): BS in Human Nutrition and Foods

- 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
NUTR / 4312 / Nutrition Assessment & Planning

- Course ID: 35381 Effective Date (currently active row): 1/18/2011

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)

Cr: 3. (3-0). Prerequisites: junior standing, NUTR 2332, 3336, BIOL 1334, 1344, and CHEM 1331 and 1332. Description (30 words max.): Determination of nutritional status of individuals, including dietary assessment and anthropometric techniques. Emphasis on diet modification, counseling, documentation, and provision of care.

10. Dean's Signature: _____ Date: 10/13/11

Print/Type Name: Sarah Fishman