

UC 11783 125

CBM003 ADD/CHANGE FORM

APPROVED JUN 06 2012

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

or

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

RECEIVED MAY 02 2012

- Department: COMD College: CLASS
- Faculty Contact Person: Lynn M. Maher Telephone: 713 743-3782 Email: lm Maher@uh.edu
- Course Information on New/Revised course:
 - Instructional Area / Course Number / Long Course Title:
COMD / 5441 / SLPA Externship - I
 - Instructional Area / Course Number / Short Course Title (30 characters max.)
COMD / 5441 / SLPA EXTERNSHIP - I
 - SCH: 4.00 Level: SR CIP Code: 51.0299 Lect Hrs: 0 Lab Hrs: 4
- Justification for adding/changing course: To meet instructional needs of students
~~To more accurately reflect course content/level~~
- 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): _____
- Authorized Degree Program(s): Speech Language Pathology Assistant Certificate Program
 - 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: practicum (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
____ / ____ / _____
 - Course ID: _____ Effective Date (currently active row): _____
- Proposed Catalog Description: (If there are no prerequisites, type in "none".)
Cr: 4. (0-4). Prerequisites: COMD 5341, 5343, 5345, 5346, 5348, 5449 or permission from the program coordinator. Description (30 words max.): Supervised clinic experience in school, clinic, or hospital setting 4 hours per week for 12 weeks. Development of clinical skills, professionalism, and developing competencies for ethical and effective clinical practice.
- Dean's Signature: _____ Date: 10/11/11
Print/Type Name: Sarah Fishman