CBM003 ADD/CHANGE FORM

☑ Undergraduate Council
☐ New Course ☐ Course Change
Core Category: _____ Effective Fall 2014

☐ Graduate/Professional Studies Council
☐ New Course ☐ Course Change
Effective Fall 2014

1. Department: Educational Psychology-Health Program College: EDUC

2. Faculty Contact Person: Dr. Joel Bloom Telephone: 713-882-5832 Email: jbloom@uh.edu

3. Course Information on New/Revised course:
☐ Instructional Area / Course Number / Long Course Title:
   HLT / 3325 / Medical Terminology

☐ Instructional Area / Course Number / Short Course Title (30 characters max.)
   HLT / 3325 / MEDICAL TERMINOLOGY

☐ SCH: 3.00 Level: JR CIP Code: 5100.00.14 Lect Hrs: 3 Lab Hrs: 0
☐ Term(s) Course is Offered: Fall, Spring, and Summer

4. Justification for adding/changing course: Successfully taught as a selected topics 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:
     HLT / 4397 / Selected Topics: Medical Terminology

☐ Course ID: 26558 Effective Date (currently active row): 1182011

6. Authorized Degree Program(s): HLT
   ☐ 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
   _____ / _____ / _____
   ☐ Course ID: _____ Effective Date (currently active row): _____

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
   Cr: 3. (3-0). Prerequisites: Jr. Status Description (30 words max.): Learning the vocabulary of medical,
   dental and other allied health/medical fields.

10. Dean’s Signature: ___________________________ Date: 9/18/13
    Print/Type Name: Melissa Pierson