CBM003 ADD/CHANGE FORM

1. Department: HRMA  College: HRM

2. Faculty Contact Person: NANCY GRAVES  Telephone: 713-743-2426  Email: ngraves@uh.edu

3. Course Information on New/Revised course:
   - Instructional Area / Course Number (*see CBM003 instructions) / Long Course Title:
     HRMA / 4323 / Advanced Food and Beverage Management
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     HRMA / 4323 / ADVANCE FOOD AND BEVERAGE MGMT
     - SCH: 3.00  Level: SR  CIP Code: 52.0905.00 16  Lect Hrs: 2  Lab Hrs: 5
     - Term(s) Course is Offered (*see CBM003 instructions about selection):
       Fall, Spring, Summer

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
   - 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 laboratory  (Note: Lect/Lab info. must match item 3, above. *See CBM003 instructions.)

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
   HRMA / 4323 / Advanced Food and Beverage Management
   - Course ID: 27278  Effective Date (currently active row): 8252008

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
   Cr: 3. (4-5). Prerequisites: HRMA 2220 and HRMA 3343.)  Description (30 words max.): Preparation of menus, recipes, purchase orders, food preparation, marketing, and evaluation procedures. Integration of all aspects of restaurant operation. Includes laboratory.

10. Dean’s Signature: ___________________________ Date: 10/1/13
    Print/Type Name: Carl Boger