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TEXAS HIGHER EDUCATION COORDINATING BOARD
Division of Universities and Health Sciences

COURSE INVENTORY UPDATE

CBM 003 ADD/CHANGE

1. Texas Southern University — Institution
2. _____ Submission Date
3. _____ Effective Date

4. Complete Course Title: _____

5. Proposed Course Description: _____

PRE/CO-REQUISITE: _____

6. Program which justifies this course

Major _____ Certificate _____

Minor _____ Support Services _____

7. Justification for additions or reason for changes:

8. Course Data

a. As currently in Course Inventory

FICE CODE	Subject Prefix	Course Number	ACAD YR	UPDCODE	TCCNS SUBJ	TCCNS CRSE
0 0 3 6 4 2						

b As requested:

FICE CODE	Subject Prefix	Course Number	SCH	LEVEL	SUBJECT MATTER CONTENT CIP CODE	TX Suffix	Form Fund	MCL	ACAD YR	UPDCODE	TCCNS SUBJ	TCCNS CRSE
0 0 3 6 4 2												

Short Course Title	Contact Hours Lab	Contact Hours Lec	Admin Unit

9. Full disclosure statement supporting update request for:

SUBJECT **COURSE NO.** **SHORT COURSE TITLE**

a. Need: Job Market/Student Demand/Enrollment Projections:

b. Curriculum: Required Course/Prescribed Elective/Free Elective

c. Faculty Requirement/Instruction Mode

d. Associated Costs and/or Funding

e. Additional Facilities and/or Resources