

TEXAS HIGHER EDUCATION COORDINATING BOARD
 Division of Universities and Health Affairs
COURSE INVENTORY UPDATE
 CBM 003 ADD/CHANGE

Official Completing This Form (Name & Signature) _____

Dean's Signature _____

1. PRAIRIE VIEW A&M UNIVERSITY
 Institution

2. _____
 Submission Date

3. Fall 2009
 Effective Fall/Year

4. Complete Course Title _____

5. Proposed Course Description _____

6. Program which justifies this course
 Major _____ Certificate _____
 Minor _____ Support Service _____

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		Upd Code	
0	0	3	6	3	0											8	D

b. As requested

FICE Code	Subject Prefix	Course Number	SCH	Level	Subject Matter Content			MCL	*CORE		CROSS LIST	*REMEDIAL LEVEL	REPEATABLE For Credit (YES Or NO)	
					CIP Code	TX Suffix	Form Fund		Code	AREA				
0	0	3	6	3	0									

Texas CIP Codes: <http://www.txhighereddata.org/Interactive/CIP/>

*Code if applicable

Short Course Title												Lab Lec		Adm. Unit		Acad Yr		Upd Code		Prim. Inst. Type Code
												Contact Hours								