Course Change Request Form

1. Date: __1/22/14__ Department: __Music__

2. Purpose and nature of change: **Add prerequisite to MU3291L to make sure students have skills in lesson plan writing required for success in this course, and revise faculty load to reduce department costs.**

3. Old Prefix: ____MU______ Old Number: ____3291L______
   New Prefix: ____________________ New Number: _____________

4. Old Course Title: ____High Incidence Disabilities Lab______
   New Course Title: ____________________________________________
   Abbreviated Title (for Master Schedule), Maximum 20 spaces

   __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

   Complete only items below being changed

5. Credits (Place number of credits beside appropriate types)
   OLD Credit(s) ____ Undergraduate
   NEW Credit(s) ____ Undergraduate
   OLD Credit(s) ____ Graduate
   NEW Credit(s) ____ Graduate
   For variable credits, list Minimum Credit ____ Maximum Credits ____

6. OLD Clock Hours: Lecture ____ Recitation ____ Lab __2__
   NEW Clock Hours: Lecture ____ Recitation ____ Lab __1__
   OLD Contract Hours: Lecture ____ Recitation ____ Lab __2__
   NEW Contract Hours: Lecture ____ Recitation ____ Lab __1__

7. To repeat for additional credit (not repeat of previously earned grade), list maximum hours of credit that may be earned over multiple semesters ______ semester hours.

8. Course Description for Catalog (limit to four sentences):

9. Prerequisites: (Courses which MUST be completed prior to taking this course) __MU3241____

10. Co-requisites: (Courses which must be taken prior to or simultaneously with) ____________

11. If taught dual-level or cross-listed with another department, list:
    Prefix ____ Number ______

12. New faculty resources needed? ____Yes ____ No

13. Requested date of offering (Must meet new catalog deadline of March 1) _______________

14. Estimated Frequency of Offering: ___________________________________________

15. List all programs that require this course. **Provide support from affected departments.**
    _______________ _______________ _______________

16. New Library Resources Needed? ____Yes ____ No, if yes:
    Signature of appropriate librarian indicating needs can be met:
17. New Technology Resources Needed?  ____ Yes   ____ No  If yes:
   Signature of Director of Information Technology indicating that needs can be met:

18. New Equipment resources needed?  ____ Yes   ____ No  If yes:
   Describe Equipment: ____________________________________________________________
   Source of funding: ____________________________________________________________

19. List 1 – 3 sample textbooks for this course:
   ____________________________________________________________

20. Describe any student enrollment restrictions (limited to majors in program XXX, restricted from majors in program XXX, etc.)

21. Request that Course be considered for General Education Credit. Please check all applicable boxes.
   a.  _____ Satisfy a Group Requirement – specify Group _________
   b.  _____ Satisfy Global Awareness Requirement
   c.  _____ Satisfy Information Literacy Requirement
   d.  _____ Satisfy a “Professional Course” for Block 6
   Provide Support for this request.

22. Does this course impact any Education Programs?  ____ Yes   ____ No
   If Yes: Signature of Chair of TEC must appear below.

23. Attach a topical outline.

24. Describe Evaluative Techniques

25. Special Needs, if any:

Recommendation Dates and Signatures:    Signature    Date
Department: ___________________________    ________
TEC (if any education program):           ___________________________    ________
Gen’l Education Subcomm. (if necessary):  ___________________________    ________
Graduate Council (if necessary):          ___________________________    ________
Academic Affairs Committee:              ___________________________    ________
University Senate:                       ___________________________    ________
President: ___________________________    ________

MU Form A41C – Effective 4/1/01