Course Change Request Form

1. Date: __1/22/14_________ Department: ______Music___________

2. Purpose and nature of change: ___ Revise faculty load to reduce department costs

3. Old Prefix: ______MU_________ Old Number: ____4400L_______
   New Prefix: ___________________ New Number: __________________

4. Old Course Title: ___Senior Lab: Becoming a Professional___
   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 __2_____ Recitation _____ Lab _____
   NEW Clock Hours: Lecture __2_____ Recitation _____ Lab _____
   OLD Contract Hours: Lecture __2_____ Recitation _____ Lab _____
   NEW Contract Hours: Lecture _____ Recitation _____ Lab __2__

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) ______
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:
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:  

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<thead>
<tr>
<th>Department:</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>TEC (if any education program):</td>
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<td>Gen'l Education Subcomm. (if necessary):</td>
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<td>Graduate Council (if necessary):</td>
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<td>Academic Affairs Committee:</td>
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<td>University Senate:</td>
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<td>President:</td>
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MU Form A41C – Effective 4/1/01