Course Change Request

1. School/Division: ARTS - MUSIC
2. Academic Subject Code: MUS
3. Current Course Number: PRO
4. Current Credit Hours: 2
5. Current Title: Piano Class I
6. Effective Semester/Year for changes listed below: SPRING 2010
7. Instructor: HUNTE, J.

Type of Change Requested (Check appropriate boxes and indicate changes)

☐ 8. Change course number to: ____________________________ (must be cleared with University Enrollment Services)

☐ 9. Current course title: ____________________________

   Change to: ____________________________

   Recommended abbreviation (optional) ____________________________

☐ 10. Current credit hours fixed at: 2 or variable from: __________ to __________

   Change to credit hours fixed at: __________ or variable from: __________ to __________

☐ 11. Current lecture contact hours fixed at: __________ or variable from: __________ to __________

   Change to lecture contact hours fixed at: __________ or variable from: __________ to __________

☐ 12. Current non-lecture contact hours fixed at: __________ or variable from: __________ to __________

   Change to non-lecture contact hours fixed at: __________ or variable from: __________ to __________

☐ 13. Is this course currently graded with S-F (only) grades? Yes ____ No ____

   Change to S-F (only) grading? Yes ____ No ____

☐ 14. Does this course presently have variable title approval? Yes ____ No ____

   Is variable title approval being requested? Yes ____ No ____

☐ 15. Is this course being discontinued? For all campuses __________ or for this campus only __________

☐ 16. Current course description ____________________________

   Change course description to (not to exceed 50 words) ____________________________

17. Justification for change ____________________________

   (Use additional paper if necessary)

18. Are the necessary reading materials currently available in the appropriate library? Yes ____

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of this course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: ____________________________

Date: 5/8/9

Department Chairman/Division Director

Approved by: ____________________________

Date: 5/14/9

Dean

Dean of Graduate School (when required)

Chancellor/Vice-President

University Enrollment Services

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow; Department/Division—Pink; University Enrollment Services Advance—White