Course Change Form

Date of Request: February 11, 2008
Page 1 of 1

Course Revision

Originator: Glenn Webb
Department: Fine Arts
Replacement Course ID:

1. Course Title: Ear Training/Sight Singing II
   Prefix & Num: MUSC 1140

2. Pre-requisite(s): MUSC 1130
   Co-requisite(s): MUSC 1120
   Instructor permission required: No
   Class Hours/Week:
   *LEC: 0.00
   *LBC w/ cr: 2.00
   *LNC w/ no cr: 0.00
   Credits: 1.00
   Clinical: 0.00
   Practicum: 0.00
   Independent Study: 0.00

3. Semester to be Implemented: Fall, 2008
   Day: ☑
   Extended Day: ☐
   Grade type: Regular
   Lab Fee: 0
   Additional Fees: $0.00
   Potential WLF: 0.00

Explanation of Fees:

5. Is this course designed for a specific group? Yes
   Who? Music Majors

6. Catalog Description: ☑ Now in Print, or ☐ Proposed Below:
   Designed for students with an emphasis in music. This course is the second in a series of four of ear training and sight singing study dealing with aural and sight singing skills paralleling the theoretical material of Music Theory. Simple keyboard skills necessary. Series must be taken in sequence, with each course prerequisite to the next. Prerequisite: MUSC 1130. Corequisite: MUSC 1120. 2 lab hours per week.

7. Course justification (attach sheets if needed):
   Credit change; schedule type change from LEC to LBC; course description change to reflect these changes. Students will receive one credit hour, which is in line with other institutions in the state as noted in #11 below.

8. Are library resources adequate to support this change? Yes
   If not, how are those resources to be acquired?

9. Are technical and other resources available? Yes
   If not, how are those resources to be acquired?

10. Relationship to the curriculum: Would the course fill a G.E. requirement? No
    If yes, which G.E. area? If it does not fill a G.E. requirement, would the course offer elective credit? Yes

11. Transferability of the course: List comparable courses at other colleges and universities:

<table>
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<th>G.E.</th>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
<th>Prefix &amp; Num</th>
<th>Institution</th>
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Approval Signatures:

Dean: [Signature]  Date: Feb 11, 2008

Academic VP: ______________________________  Date: __________