Course Change Form

Date of Request: February 26, 2009

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Course Revision

Originator: Paul Abegg
Department: Music
Replacement Course ID:

1. Course Title: Dixie State Symphony Orchestra

Prefix & Num. MUSC 1350

2. Pre-requisite(s): 
   Co-requisite(s): 
   Instructor permission required: No
   Class Hours/Week: 
   *LEC: 5.00 
   *LBC w/ cr: 0.00 
   *LNC w/o cr: 0.00 
   Credits: 1.00
   Clinical: 0.00 
   Practicum: 0.00 
   Independent Study: 0.00

3. Semester to be Implemented: Fall, 2009
   Day ☒ 
   Extended Day ☐ 
   Grade type Regular

4. Cost Code:
   Lab Fee: $0.00 
   Additional Fees: $0.00 
   Potential WLF: 0.00

   Explanation of Fees:

5. Is this course designed for a specific group? No

Who?

6. Catalog Description: ☐ Now in Print, or ☒ Proposed Below:

   The Dixie State Symphony Orchestra is a combined instrumental ensemble with brass, winds, percussion, and strings designed for musicians in their freshman and sophomore years that have had previous experience performing with orchestra and/or band. This class focuses on the symphonic literature of the 17th, 18th, 19th, and 20th century composers and includes compositions representing cultures outside of Western Music. Students will develop sight reading, improvisational, rehearsal, and public performance skills as well as increase their familiarity with music technology. Course may be repeated for credit.

7. Course justification (attach sheets if needed):
   This form changes the name of the course and updates the course description

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:

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

Department Chair: ____________________________ Date: 3/5/09

Associate Dean/Dean: ____________________________ Date: 3/6/09

Curriculum Chair: ____________________________ Date: ____________

Academic VP: ____________________________ Date: ____________