Course Change Form

Date of Request: February 23, 2009
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Course Revision

Originator: Glenn Webb
Department: Music
Replacement Course ID:

1. Course Title: Private Applied Music Education Major: Guitar
   Prefix & Num: MUSC 2815

2. Pre-requisite(s): MUSC 1815
   Co-requisite(s):
   Instructor permission required: No
   Class Hours/Week: \( \text{Clinical: 0.00} \)
   *LBC w/cr: 0.00
   *LNC w/no cr: 0.00
   Credits: 1.00
   Practicum: 0.00
   Independent Study: 0.00

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

4. Cost Code: FPA 106
   Lab Fee: 350
   Additional Fees: $0.00
   Potential WLF: 0.00

   Explanation of Fees: fee covers instructor time

5. Is this course designed for a specific group? Yes
   Who? music majors

6. Catalog Description: ☐ Now in Print, or ☒ Proposed Below:
   Private guitar instruction designed for music majors. Course may be repeated once for a maximum of 2 credits. Fee required. Student required to perform at convocation once a semester. A jury examination is required at the conclusion of each semester. Includes one 50-minute lesson per week, and a one-hour performance class per week.

7. Course justification (attach sheets if needed):
   Adjusting course description to reflect input from consultant and Regents.

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>
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Approval Signatures:

Department Chair: [Signature] Date: 2/23/09

Associate Dean/Dean: [Signature] Date: 3/15/09

Curriculum Chair: ___________________________

Academic VP: ___________________________

Date: ___________________________