Course Change Form

Date of Request: February 23, 2009
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Course Revision

1. Course Title: Private Applied Music Education Major: Organ
   Prefix & Num. MUSC 3816

2. Pre-requisite(s): MUSC 2816
   Co-requisite(s): Clinical: 0.00
   *LBC w/er: 0.00
   *LNC w/no cr: 0.00
   Credits: 1.00
   Instructor permission required: No
   Practicum: 0.00
   Independent Study: 0.00

3. Semester to be Implemented: Fall, 2009
   Day ☒
   Extended Day ☐
   Grade type Regular
   Explanation of Fees: fee covers instructor's time

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

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

6. Catalog Description: ☐ Now in Print, or ☒ Proposed Below:
   Private organ 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? Yes
    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: 2/8/09

Associate Dean/Dean: ___________________________ Date: 3/8/09

Curriculum Chair: ___________________________ Date: 

Academic VP: ___________________________ Date: 