Course Change Form

Date of Request: October 9, 2008
Page 1 of 1

Course Revision

1. Course Title: Intro to Portrait
   Prefix & Num: ART 2420

2. Pre-requisite(s): *LEC: 0.00 *LBC w/ cr: 6.00 *LNC w/ no cr: 0.00 Credits: 3.00
   Instructor permission required: No
   Class Hours/Week: Clinical: 0.00 Practicum: 0.00 Independent Study: 0.00

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

4. Cost Code: FPA112 Lab Fee: 45.00 Additional Fees: $0.00 Potential WLF: 0.00
   Explanation of Fees: Art Model extended hours

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

6. Catalog Description: ☒ Now in Print, or ☐ Proposed Below:
   For students with an emphasis in art, and for more experienced portrait students. Various pastel painting techniques will be explored. Includes lectures, demonstrations, and studio practice labs. Those completing the course should be able to capture a good likeness with realistic color. Is a prerequisite to ART 3420. Course fees required. 6 contact hours per week.

7. Course justification (attach sheets if needed):
   Change activity type from LEC to LBC; contact time increase from 3 hrs to 6 contact hours per week to bring this course up to standard contact hours with other 4-year institution studio offerings; increase in lab fee to accommodate extended model time; course description change to reflect these changes.

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>
<thead>
<tr>
<th>G.E.</th>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
<th>Prefix &amp; Num</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DSC</td>
</tr>
<tr>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DSC</td>
</tr>
<tr>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DSC</td>
</tr>
</tbody>
</table>

Approval Signatures:

Dean: ____________________________ Date: Oct 5 2008

Academic VP: ______________________ Date: ____________