Course Revision

1. Course Title: **Intermediate Life Drawing**
   Prefix & Num: ART 3410

2. Pre-requisite(s): ART 2410
   Co-requisite(s): *LEC: 0.00 *LBC w/ cr: 6.00 *LNC w/ no cr: 0.00
   Credits: 3.00
   Instructor permission required: No
   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 time**

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

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

   For students with an interest in art, and for more experienced students interested in drawing the human form. Various drawing techniques will be explored, with emphasis on greater accuracy in anatomical structure and form. Includes lectures, demonstrations, and studio practice labs. Prerequisite: ART 2410. Course fee 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:

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<th>G.E.</th>
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<th>Course Title</th>
<th>Credits</th>
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Approval Signatures:

Dean: [Signature]  Date: 09/23/08

Academic VP: __________________________  Date: __________________________