Course Change Form

Course Revision

1. Course Title: **Intermediate Portrait Drawing**

2. Pre-requisite(s): ART 2420
   - Co-requisite(s):
   - Instructor permission required: No

   - Class Hours/Week:
     - *LEC: 0.00
     - *LBC w/ cr: 6.00
     - *LNC w/ no cr: 0.00
     - Credits: 3.00

   - 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 interest 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. Course may be repeated for additional credit. Prerequisite: Art 2420. Course fees required. 6 lab 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>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
<th>Prefix &amp; Num.</th>
<th>Institution</th>
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Approval Signatures:

Dean: [Signature] Date: **Oct 9, 2008**

Academic VP: [Signature] Date: _____