Course Change Form

Date of Request: April 3, 2008
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Course Revision

1. Course Title: **Costume Construction**

   Prefix & Num: **THEA 2203**
   Instructor permission required: **No**

   *LEC: 3.00  *LBC w/ cr: 0.00  *LNC w/ no cr: 0.00  Credits: 3.00
   Clinical: 0.00  Practicum: 0.00  Independent Study: 0.00

2. Pre-requisite(s):  Co-requisite(s):

   Class Hours/Week:

3. Semester to be Implemented:  **Fall, 2008**  Day ☒  Extended Day ☐  Grade type **Regular**

4. Cost Code: **THR305**  Lab Fee: 20  Additional Fees: $0.00  Potential WLF: 0.00

   Explanation of Fees:

5. Is this course designed for a specific group? **Yes**

   Who? **Required for all theatre majors wishing to develop technical costume production skills and other Fine Art majors needing an elective.**

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

   A fundamental course in costume construction techniques and methods of stage costumes. Focusing on hand/machine sewing skills and applying the skill sets learned in class to the real theatrical productions of the department. Lab fee required. 3 lecture hours per week.

7. Course justification (attach sheets if needed):

   To update course description and make more informative.

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>
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<td>THEA 2203</td>
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<td>FSU- COSTUMING I</td>
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<td>TPA 3230</td>
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<td>Other ...</td>
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</table>

Approval Signatures:

Dean: ___________________________ Date: __________

Academic VP: _____________________ Date: __________