Course Change Form

Date of Request: March 24, 2008
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Course Revision

1. Course Title: **Sound Engineering**
   Prefix & Num: **THEA 3500**

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

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

4. Cost Code: Lab Fee: **$0.00** Additional Fees: **$0.00**
   Potential WLF: **3.33**

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

6. Catalog Description: □ Now in Print, or □ Proposed Below:
   This course is designed to teach students the components of a modern theatrical sound system. By completing this course students will receive the basic training in how to set up and operate audio systems, including most recording and playback components.
   3 lecture hrs/week

7. Course justification (attach sheets if needed):
   This revision changes the name of the course which was previously titled sound design. It is necessary to change the content of this course to more adequately teach the technology aspect of sound.

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>
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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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<tr>
<td>□</td>
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<td><strong>Science of Sound</strong></td>
<td>3</td>
<td>ECE 3260</td>
<td>USU</td>
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Approval Signatures:

Dean: [Signature] Date: 3/15/15

Academic VP: ___________________________ Date: ___________________________