Course Change Form

Course Replacement

Originator: Glenn Webb
Department: Music
Replacement Course ID: Prefix & Num. MUSC 3340

1. Course Title: Southwest Symphony Orchestra

2. Pre-requisite(s): audition
   Co-requisite(s): MUSC 3350
   Instructor permission required: No
   Class Hours/Week:
   *LEC: 3.00  *LBC w/cr: 0.00  *LNC w/no cr: 0.00  Credits: 1.00
   Clinical: 0.00  Practicum: 0.00  Independent Study: 0.00

3. Semester to be Implemented: Fall, 2010  Day [ ]  Extended Day [X]  Grade type Regular

4. Cost Code:
   Lab Fee: $0.00  Additional Fees: $0.00  Potential WLF: 3.00

   Explanation of Fees:

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

6. Catalog Description: [X] Now in Print, or [ ] Proposed Below:
   This class, a full symphony orchestra, is for community performers and college students with orchestral experience. The course includes many orchestral works from the various style periods including Baroque, Classic, Romantic and 20th Century. Concepts and musical style are taught through participation. Students in this ensemble should be accomplished on their instrument and studying privately. Previous experience is also a necessary qualification. The ensemble performs several times each year—symphonies, oratorios, concertos, overtures, etc. May be repeated for credit. Prerequisite: Concurrent enrollment in MUSC 3350 and audition for instructor. 3 ensemble hours per week.

7. Course justification (attach sheets if needed):
   Give all ensembles upper division numbers

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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<tr>
<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:

   Department Chair: [Signature]  Date: 10/6/09
   Associate Dean/Dean: [Signature]  Date: 10-6-09
   Curriculum Chair: [Signature]  Date: [ ]
   Academic VP: [Signature]  Date: [ ]