Course Change Form

Date of Request: October 5, 2009
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Course Addition

1. Course Title: Guitar Ensemble
   Prefix & Num: MUSC 3370
   Instructor permission required: No

2. Pre-requisite(s): audition
   Co-requisite(s): Instruc
   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 ☐ Grade type Regular
4. Cost Code: Lab Fee: $0.00 Additional Fees: $0.00 Potential WLF: 4.33
   Explanation of Fees:

5. Is this course designed for a specific group? No Who?
6. Catalog Description: ☒ Now in Print, or ☐ Proposed Below:
   Performance class for guitar students to gain experience playing in ensemble situations, reading music and rhythms, and following a director. Students will need to be able to read music for guitar in 1st position. The ensemble will perform in many situations. This class will meet important ensemble requirements for performance majors. Prerequisite: Read Music, 1st position chords. 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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<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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<td>Classical Guitar Ensemble</td>
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<td>MUSC 4495</td>
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Approval Signatures:

Department Chair: ___________________ Date: 10/6/09

Academic VP: ___________________ Date:

Associate Dean/Dean: ___________________ Date: 10-6-09

Curriculum Chair: ___________________ Date: