Course Change Form

Date of Request: October 8, 2009
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Course Revision

1. Course Title: Costume Design II
   Prefix & Num. THEA 4440
   Instructor permission required: No
   Credits: 3.00
   Class Hours/Week: LEC: 3.00
   Clinical: 0.00
   Co-requisite(s): LBC w/ cr: 0.00
   Practicum: 0.00
   *LNC w/ no cr: 0.00
   Independent Study: 0.00

2. Semester to be Implemented: Spring, 2010
   Grade type: Regular
   Day ☑
   Extended Day ☐

3. Cost Code: FPA109
   Lab Fes: $0.00
   Additional Fees: $0.00
   Potential WLF: 3.38

4. Explanation of Fees:

5. Is this course designed for a specific group? Yes
   Who? Theatre/Fine Arts Majors who desire further instruction in costume design.

6. Catalog Description: ☐ Now in Print, or ☑ Proposed Below:
   This course will expand on the student's already working knowledge of Costume Design. The student will have a greater understanding of the elements of design and how to apply them to practical costume problems for a variety of genres of theatre. Lectures and projects in costume design will focus on modern drama. Design projects include script interpretation, rendering techniques, budgets, and fabric selections. 3 lecture hours per week.

7. Course justification (attach sheets if needed):
   Part of the theatre bachelor's degree curriculum.
   Course description change.

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>
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<th>Course Title</th>
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Approval Signatures:

Department Chair: [Signature] Date: 10-9-09

Associate Dean/Dean: [Signature] Date: 10-8-09

Curriculum Chair: ________________________________ Date: ________

Academic VP: ________________________________ Date: ________