UC 8928 06F

CBM003 ADD/CHANGE FORM

| ☑ Undergraduate Council | or Graduate/Professional Studies Council |
|---|--|
| ⊠ New Course ☐ Course Change | ☐ New Course ☐ Course Change |
| Core Category: NONE Effective Fall 2007 | Effective Fall |
| 1. Department: ART College: CLASS | RECETYED OCT 0 2 2006 |
| 2. Person Submitting Form: Pat Deeves Teleph | 1~// |
| 3. Course Information on New/Revised course: | |
| Instructional Area / Course Number / Long <u>ARTH</u> / 2394 / Selected Topics in Art Histo | |
| Instructional Area / Course Number / Short Course Title (30 characters max.) ARTH / 2394 / SEL TOPICS IN ART HISTORY | |
| • SCH: <u>3.00</u> Level: <u>SO</u> CIP Code: <u>500703</u> | 30003 Lect Hrs: <u>3</u> Lab Hrs: <u>0</u> |
| 4. Justification for adding/changing course: To meet instructional needs of students | |
| 5. Was the proposed/revised course previously offered as a special topics course? Yes No | |
| If Yes, please complete: | |
| Instructional Area / Course Number / Long Course Title: | |
| / | |
| • Content ID: Start Date (yyyy3): | |
| 6. Is this course offered for undergraduate credit only? X Yes No | |
| 7. Authorized Degree Program(s): <u>BA, Art History</u> • Does this course affect major/minor requirements in the College/Department? ☐ Yes ☐ No • Does this course affect major/minor requirements in other Colleges/Departments? ☐ Yes ☐ No • Are special fees attached to this course? ☐ Yes ☐ No • Can the course be repeated for credit? ☐ Yes ☐ No | |
| 8. Grade Option: Letter (A, B, C) Instruc | ction Type: <u>lecture</u> |
| 9. If this form involves a change to an existing course the course inventory: Instructional Area / Course// | urse, please obtain the following information from se Number / Long Course Title |
| Start Date (yyyy3): Content I.D.: | |
| 10. Proposed Catalog Description: (If there are no p Cr:3. (3-0). Prerequisites: ART 1380 and 1381 be repeated for credit when topics vary. | orerequisites, type in "none".) or consent of instructor. Description (30 words max.): May |
| 11. Dean's Signature: | Date: 9/29/06 |
| Print/Type Name: <u>Dr. Sarah Fishman-Boyd</u> | |