

CBM003 ADD/CHANGE FORM

APPROVED FEB 23 2011

Undergraduate Council  
 New Course  Course Change  
 Core Category: \_\_\_\_\_ Effective Fall 2011

or

Graduate/Professional Studies Council  
 New Course  Course Change  
 Effective Fall \_\_\_\_\_

1. Department: MUSIC College: CLASS
2. Faculty Contact Person: Lynn Lamkin Telephone: 3-3171 Email: llamkin@uh.edu
3. Course Information on New/Revised course:
  - Instructional Area / Course Number / Long Course Title:  
MUSI / 4382 / Symphonic Music
  - Instructional Area / Course Number / Short Course Title (30 characters max.)  
MUSI / 4382 / Symphonic Music
  - SCH: 3.00 Level: SR CIP Code: 50.0902.0003 Lect Hrs: 3 Lab Hrs: 0
4. Justification for adding/changing course: **To reflect change in prerequisite course**
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:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
  - Course ID: \_\_\_\_\_ Effective Date (currently active row): \_\_\_\_\_

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6. Authorized Degree Program(s): B.M., B.A.
  - 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
  - Can the course be repeated for credit?  Yes  No (if yes, include in course description)
7. Grade Option: Letter (A, B, C ...) Instruction Type: lecture ONLY (Note: Lect/Lab info. must match item 3, above.)
8. If this form involves a change to an existing course, please obtain the following information from the course inventory: Instructional Area / Course Number / Long Course Title:  
MUSI / 4382 / Symphonic Music
  - Course ID: 34966 Effective Date (currently active row): 8252003
9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)  
 Cr: 3. (3-0). Prerequisites: MUSI 3364. Description (30 words max.): The birth of the orchestra and a survey of its repertoire from the eighteenth century to the present.

10. Dean's Signature: \_\_\_\_\_ Date: 10/12/10  
 Print/Type Name: Dr. Sarah Fishman