

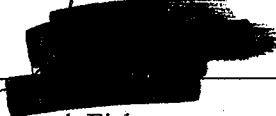
CBM003 ADD/CHANGE FORM

Undergraduate Council
 New Course Course Change
 Core Category: NONE Effective Fall 2009

or

Graduate/Professional Studies Council
 New Course Course Change
 Effective Fall

RECEIVED OCT 24 2008

1. Department: School of Theatre & Dance College: CLASS
2. Faculty Contact Person: Dr. Robert Shimko Telephone: 3-1243 Email: rshimko@uh.edu
3. Course Information on New/Revised course:
 - Instructional Area / Course Number / Long Course Title:
THEA / 2343 / Dramaturgy
 - Instructional Area / Course Number / Short Course Title (30 characters max.)
THEA / 2343 / DRAMATURGY
 - SCH: 3.00 Level: SO CIP Code: 5005050003 Lect Hrs: 3.0 Lab Hrs: 0.0
4. Justification for adding/changing course: Successfully taught as a selected topics 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:
THEA / 4398 / Introduction to Dramaturgy
 - Course ID: 44069 Effective Date (currently active row): 20081
6. Authorized Degree Program(s): B.A., Theatre
 - 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
 / /
 - Course ID: Effective Date (currently active row):
9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
 Cr: 3. (3-0). Prerequisites: THEA 1332, 1338, 1339 and consent of instructor. Description (30 words max.): Specialized skills in production-oriented research, text analysis, collaboration with directors and season development.
10. Dean's Signature:  _____ Date: 10/22/08
 Print/Type Name: Dr. Sarah Fishman