


## 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: Jim Johnson Telephone: 3-0996 Email: jjohnson33@uh.edu
3. Course Information on New/Revised course:
  - Instructional Area / Course Number / Long Course Title:  
THEA / 4380 / Voice for the Actor IV
  - Instructional Area / Course Number / Short Course Title (30 characters max.)  
THEA / 4380 / VOICE FOR THE ACTOR IV
  - SCH: 3.00 Level: SR CIP Code: 5005060003 Lect Hrs: 3.0 Lab Hrs: 0.0
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:  
     /      /
  - Course ID:      Effective Date (currently active row):
6. Authorized Degree Program(s): B.F. 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 3380 and consent of instructor. Description (30 words max.):  
Continued development of the actor's voice through a variety of accents and dialects.
10. Dean's Signature:  Date: 10/24/08  
 Print/Type Name: Dr. Sarah Fishman