


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     

1. Department: School of Theatre & Dance College: CLASS RECEIVED OCT 24 2008
2. Faculty Contact Person: Karen Stokes Telephone: 3-2915 Email: kstokes@uh.edu
3. Course Information on New/Revised course:
  - Instructional Area / Course Number / Long Course Title:  
DAN / 1205 / Movement Skills for the Classroom Teacher
  - Instructional Area / Course Number / Short Course Title (30 characters max.)  
DAN / 1205 / MVMT SKILLS FOR CLSRM TEACHER
  - SCH: 2.00 Level: FR CIP Code: 1313240003 Lect Hrs: 0.0 Lab Hrs: 2.0
4. Justification for adding/changing course: To more accurately reflect course content/level
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.A., Dance
  - 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: practicum (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  
DAN / 1205 / Rhythm Skills for Children
  - Course ID: 290768 Effective Date (currently active row): 20033
9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)  
Cr: 2. (0-2). Prerequisites: None. Description (30 words max.): Methods of using creative and basic movement skills to teach academics.
10. Dean's Signature:  Date: 10/22/08  
 Print/Type Name: Dr. Sarah Fishman