

UC 1037709F

CBM003 ADD/CHANGE FORM

APPROVED NOV 18 2009

Undergraduate Council
 New Course Course Change
 Core Category: NONE Effective Fall 2010

or

Graduate/Professional Studies Council
 New Course Course Change
 Effective Fall RECEIVED SEP 29 2009

- Department: THEA College: CLASS
- Faculty Contact Person: Jonathan Middents Telephone: 3-2914 Email: jmiddents@uh.edu
- Course Information on New/Revised course:
 - Instructional Area / Course Number / Long Course Title:
THEA / 4383 / Seminar in Stage Management
 - Instructional Area / Course Number / Short Course Title (30 characters max.)
THEA / 4383 / SEMINAR IN STAGE MANAGEMENT
 - SCH: 3.00 Level: SR CIP Code: 5005020003 Lect Hrs: 3 Lab Hrs: 0
- Justification for adding/changing course: To provide for new discipline areas
- 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): _____
- 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)
- Grade Option: Letter (A, B, C ...) Instruction Type: seminar (Note: Lect/Lab info. must match item 3, above.)
- 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): _____
- Proposed Catalog Description: (If there are no prerequisites, type in "none".)
 Cr: 3. (3-0). Prerequisites: THEA 3393 or consent of instructor. Description (30 words max.):
 Discussion of practical challenges, problems, and solutions ecountered in current productions; preparation for the profession.
- Dean's Signature: _____ Date: 09/29/09
 Print/Type Name: Dr. Sarah Fishman