1. Department: Thea College: PLANS
2. Person Submitting Form: Middents Telephone: 3-2914
3. Course Information on New/Revise course:
   - Instructional Area / Course Number / Long Course Title: 
     THEA 4333 / Sound Design In Production
   - Instructional Area / Course Number / Short Course Title (30 characters max.):
     THEA 4333 / SOUND DESIGN IN PRODUCTION
   - SCH: 3.00  Level: SR  CIP Code: 300002003  Lect Hrs: 3.0  Lab Hrs: 0
4. Justification for adding/changing course: To provide for important discipline area
5. Was the proposed or revised course previously offered as a special topics course?  
   Yes  ☐ No  
   If Yes, please complete:
   - Instructional Area / Course Number / Long Course Title:
     ___________________________/ ___________________________/ ___________________________
   - Content ID: ___________________________  Start Date (yyyy): ___________________________
6. Is this course offered for undergraduate credit only?  ☑ Yes  ☐ No
7. Authorized Degree Program(s): BA
   - Does this course affect major/minor requirements in the College/Department?  ☑ Yes  ☐ No
   - Does this course affect major/minor requirements in other College/Departments?  ☑ Yes  ☐ No
   - Are special fees attached to this course?  ☑ Yes  ☐ No
   - Can the course be repeated for credit?  ☑ Yes  ☐ No
8. Grade Option: Letter (A, B, C, ____ )  Instruction Type: practicum
9. 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:
   ___________________________/ ___________________________/ ___________________________
   - Start Date (yyyy): ___________________________  Context ID: ___________________________
10. Proposed Catalog Description:
    Cat: THEA 396  Prerequisites: THEA 396 or consent of instructor. Description (30 words max.): Practical work as a sound designer on a production in the School of Theatre.
11. Dean’s Signature: ___________________________ Date: ___________
    Print/Type Name: ___________________________