CBM003 ADD/CHANGE FORM

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

or

Graduate/Professional Studies Council
☐ New Course ☐ Course Change
Effective Fall

1. Department: THEA College: CLASS

2. Faculty Contact Person: Jonathan Middents Telephone: 3-2914 Email: jmiddents@uh.edu

3. 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

4. Justification for adding/changing course: To provide for new discipline areas

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. 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: seminar (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 3393 or consent of instructor. Description (30 words max.):
   Discussion of practical challenges, problems, and solutions encountered in current productions; preparation for the profession.

10. Dean’s Signature: ____________________________ Date: 09/20/09
    Print/Type Name: Dr. Sarah Fishman