CBM003 ADD/CHANGE FORM

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

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 / 4693 / Professional Stage Management Internship
   • Instructional Area / Course Number / Short Course Title (30 characters max.)
     THEA / 4693 / STAGE MANAGEMENT INTERNESHIP
   • SCH: 6.0  Level: SR  CIP Code: 5005020003  Lect Hrs: 0  Lab Hrs: 6
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: S/U (satisfactory/unsatisfactory)  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
   ____/____/____
   • Course ID: ____  Effective Date (currently active row): ____
9. Proposed Catalog Description: (If there are no prerequisites, type in "none").
   Cr: 6. (0.6)  Prerequisite: THEA 3393 or consent of instructor.  Description (30 words max.):
   Supervised internship performing duties in a professional company.
10. Dean’s Signature: __________________________ Date: 09/28/09

Print/Type Name: Dr. Sarah Fishman

- Created on 9/8/2009 1:16:00 PM -