CBM03 ADD/CHANGE FORM

☐ Undergraduate Council  ☐ Graduate/Professional Studies Council
☐ New Course  ☐ Course Change
Core Category: NONE  Effective Fall 2009

1. Department: School of Theatre & Dance  College: CLASS
2. Faculty Contact Person: Jim Johnson  Telephone: 3-0996  Email: jjohnson33@uh.edu
3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title: THEA / 2332 / Voice & Movement for the Actor
   - Instructional Area / Course Number / Short Course Title (30 characters max.): THEA / 2332 / VOICE & MVMNT FOR THE ACTOR
   - SCH: 3.00  Level: SQ  CIP Code: 5005060003  Lect Hrs: 3.0  Lab Hrs: 0.0
4. Justification for adding/changing course: To meet instructional needs of students
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., B.F.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: lecture ONLY  (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 1332, 1338, 1339 and consent of instructor.  Description (30 words
   max.): Development of the actor's voice and body, including vocal and physical warm-up techniques.
10. Dean's Signature: ___________________________  Date: 10/24/08
    Print/Type Name: Dr. Sarah Fishman