CBM003 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: Kevin Rigdon Telephone: 3-2816 Email: krigdon@uh.edu
3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     THEA / 3375 / Costume Technology and Allied Crafts
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     THEA / 3375 / COSTUME TECH & ALLIED CRAFTS
   - SCH: 3.00 Level: IR CIP Code: 5005020003 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., 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 3362 and consent of instructor. Description (30 words max.): Study
   and use of craft skills, materials and techniques used in costume construction, millinery and properties.

10. Dean’s Signature: ________________________ Date: 10/22/08
    Print/Type Name: Dr. Sarah Fishman