CBM003 ADD/CHANGE FORM

[Box checked for Undergraduate Council] [Box checked for New Course] [Box unchecked for 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 / 1329 / Voice and Articulation for Non-Majors
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     THEA / 1329 / VOICE & ARTIC/FOR NON-MAJORS
   - SCH: 3.00  Level: FR  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.  [ ] M.A.
   - 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: None. Description (30 words max.): Developing a clear speaking voice, including work on projection, resonance and articulation.

10. Dean’s Signature: [Sign]  Date: 10/24/08
    Print/Type Name: Dr. Sarah Fishman