

CBM003 ADD/CHANGE FORM

APPROVED FEB 23 2011

Undergraduate Council  
 New Course  Course Change  
Core Category: \_\_\_\_\_ Effective Fall 2011

or Graduate/Professional Studies Council  
 New Course  Course Change  
Effective Fall \_\_\_\_

1. Department: MUSIC College: CLASS
2. Faculty Contact Person: Lynn Lamkin Telephone: 3-3171 Email: llamkin@uh.edu
3. Course Information on New/Revised course:
  - Instructional Area / Course Number / Long Course Title:  
MUSI / 4384 / Vocal Literature
  - Instructional Area / Course Number / Short Course Title (30 characters max.)  
MUSI / 4384 / VOCAL LITERATURE
  - SCH: 3.00 Level: SR CIP Code: 50.0902.0003 Lect Hrs: 3 Lab Hrs: 0
4. Justification for adding/changing course: **To reflect change in prerequisite course**
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.M., B.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  
MUSI / 4384 / Vocal Literature
  - Course ID: 34967 Effective Date (currently active row): 8252008
9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)  
Cr: 3. (3-0). Prerequisites: MUSI 3364. Description (30 words max.): Comprehensive survey of vocal literature from the Renaissance through the twentieth century.
10. Dean's Signature: \_\_\_\_\_ Date: 10/12/10  
Print/Type Name: Dr. Sarah Fishman

RECEIVED OCT 15 2010