# Course Change Proposal

## Form A

<table>
<thead>
<tr>
<th>Academic Group (College):</th>
<th>Academic Organization (Department):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts &amp; Letters</td>
<td>Music</td>
<td>October 30, 2007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Course Proposal:</th>
<th>Department Chair:</th>
<th>Submitted by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>New <em>x</em> Change <em>x</em> Deletion <em>x</em></td>
<td>Ernie Hills</td>
<td>Ernie Hills</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does this course fulfill a requirement for single-subject or multiple subject credential students?</th>
<th>For Catalog Copy:</th>
<th>Semester Effective:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes <em>x</em> No <em>x</em></td>
<td>Yes <em>x</em> No <em>x</em></td>
<td>Fall <em>x</em> Spring _ _ 2008</td>
</tr>
</tbody>
</table>

This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):

<table>
<thead>
<tr>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>Title:</th>
<th>Units:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUSC 135B</td>
<td>Organ: Advanced - BM</td>
<td>1</td>
</tr>
</tbody>
</table>

## Change to:

<table>
<thead>
<tr>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>Title:</th>
<th>Units:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUSC 135B</td>
<td>Harpsichord/Organ: Advanced - BM</td>
<td>1</td>
</tr>
</tbody>
</table>

## JUSTIFICATION:

This is a change of name to include harpsichord as an alternative in the applied keyboard area.

## NEW COURSE DESCRIPTION:

(Not to exceed 80 words, and language should conform to catalog copy. See [http://www.csus.edu/acaf/univmanual/crspsl.htm](http://www.csus.edu/acaf/univmanual/crspsl.htm) - Guidelines for Catalog Course Description)

- No changes necessary.
- Individual instruction. Music majors only.

## Note:

Prerequisite: Approval by applied area committee and instructor permission.

Enforced at Registration: Yes _x_ No

Corequisite:

Enforced at Registration: Yes _x_ No

CAN (California Articulation Number):

Graded: Letter _x_ Credit/No Credit _x_ Instructor Approval Required? Yes _x_ No _x_ |

Course Classification (e.g., lecture, lab, seminar, discussion):

Individual applied music instruction.

If yes, do they meet together and fulfill the same requirement, and what is the other course?

Cross Listed? Yes _x_ No _x_ _x_

How Many Times Can This Course be Taken for Credit? _4_

Can the course be taken for Credit more than once during the same term? Yes _x_ No _x_

No changes necessary.
FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:

Description of the Expected Learning Outcomes: Describe outcomes using the following format: “Students will be able to: 1), 2), etc.” See the example at http://www.csus.edu/acad/example.htm

**Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean's office, not Academic Affairs.

Assessment Strategies: A description of the assessment strategies (e.g., portfolios, examinations, performances, pre-and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above:

For whom is this course being developed?
Majors in the Dept  x  Majors of other Depts  ____  Minors in the Dept  ____  General Education  ____  Other  ____
Is this course required in a degree program (major, minor, graduate degree, certificate)?  Yes  x  No  ____
If yes, identify program(s): Option within B.M. Keyboard concentration

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)?  Yes  ____  No  x  ____
If yes, attach a description of resources needed and verify that resources are available.

Indicate which department or programs will be affected by the proposed course (if any). _____________________________

The Department Chair's signature below indicates that affected programs have been sent a copy of this proposal form.

Approvals: If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

Signatures:                                          Date

Department Chair:  _________________  10/30/07
College Dean or Associate Dean:  _________________  11-14-07
CPSP (for school personnel courses ONLY)
Associate Vice President and Dean for Academic Programs

Distribution: Academic Affairs (original), Department Chair and College Dean. Dean's office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.

8/27/07