**Course Change Proposal**  
**Form A**

<table>
<thead>
<tr>
<th>Academic Group (College):</th>
<th>Academic Organization (Department):</th>
<th>Date: 10/25/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts and Letters</td>
<td>Theatre and Dance</td>
<td></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 ___ Change <em>X</em> Deletion ___</td>
<td>Dr. Linda Goodrich</td>
<td>Michelle Felten</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 ___ No <em>X</em>__</td>
<td>Yes <em>X</em> No ___</td>
<td>Fall ___ Spring <em>X</em>, 2008</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Change from:</th>
<th>Change to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area (prefix) &amp; Catalog Nbr (course no.): THEA 120</td>
<td>Subject Area (prefix) &amp; Catalog Nbr (course no.):</td>
</tr>
<tr>
<td>Title: Practicum in Technical Production</td>
<td>Title:</td>
</tr>
<tr>
<td>Units: 1</td>
<td>Units:</td>
</tr>
</tbody>
</table>

**JUSTIFICATION:**
Minor change; course classification adjusted to reflect correct delineation.

**NEW COURSE DESCRIPTION:** (Not to exceed 80 words, and language should conform to catalog copy. See http://www.csus.edu/aca/f/univmanual/crspsl.htm - Guidelines for Catalog Course Description)

same  
Note:  
Prerequisite:  
Enforced at Registration: Yes ___ No ___  
Corequisite:  
Enforced at Registration: Yes ___ No ___  
CAN (California Articulation Number):  
Graded: Letter _X_ Credit/No Credit___  
Instructor Approval Required? Yes _X_ No ___  
Course Classification (e.g., lecture, lab, seminar, discussion):  
C 12  
Title for CMS (not more than 30 characters)  
Cross Listed?  
Yes ___ No _X___  
If yes, do they meet together and fulfill the same requirement, and what is the other course.  
How Many Times Can This Course be Taken for Credit? ___2___  
Can the course be taken for Credit more than once during the same term? Yes ___ No _X_
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/acaf/example.htm

Same

**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:

Same

For whom is this course being developed?

- Majors in the Dept. _X_
- Majors of other Depts _X_
- Minors in the Dept. _X_
- General Education __
- Other __

Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes ___ No ___

If yes, identify program(s):

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 ___

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: ___________________________ Date: __________

College Dean or Associate Dean: ___________________________ Date: __________

CPSP (for school personnel courses ONLY) ___________________________ Date: __________

Associate Vice President and Dean for Academic Programs ___________________________ Date: __________

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