Course Change Proposal
Form A

<table>
<thead>
<tr>
<th>Academic Group (College): Arts and Letters</th>
<th>Academic Organization (Department): Theatre and Dance</th>
<th>Date: 4/10/09</th>
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<tbody>
<tr>
<td>Type of Course Proposal:</td>
<td>Department Chair: Linda Goodrich</td>
<td>Submitted by: Michelle Felten</td>
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<tr>
<td>New _ Change <em>X</em> Deletion _</td>
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<tr>
<td>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <em>X</em></td>
<td>For Catalog Copy: Yes <em>X</em> No ___</td>
<td>Semester Effective: Fall <em>X</em> Spring __, 2009</td>
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<td>CCE:  Yes ___ No ___</td>
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This course replaces experimental course Subject Area (prefix) and Catalog Number (course number):  

This Catalog Number (course number) is being replaced:

<table>
<thead>
<tr>
<th>Change from: Subject Area (prefix) &amp; Catalog No. (course no.): THEA 112</th>
<th>Title: Musical Theatre Workshop</th>
<th>Units: 1</th>
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<table>
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<tr>
<th>Change to: Subject Area (prefix) &amp; Catalog No. (course no.):</th>
<th>Title:</th>
<th>Units:</th>
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JUSTIFICATION: Changes course classification to reflect a One unit course.

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

Same-name and description does not change.

Note:

Prerequisite:
Enforced at Registration: Yes ___ No ___

Corequisite:
Enforced at Registration: Yes ___ No ___

CAN (California Articulation Number):  

Graded: Letter ___ Credit/No Credit ___  
Instructor Approval Required? Yes ___ No ___

Course Classification (e.g., lecture, lab, seminar, discussion):  
C12

Title for SIS+/CMS (not more than 30 characters)

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? ___!

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 as currently listed

**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 as currently listed

For whom is this course being developed?

- Majors in the Dept __
- Majors of other Depts ___
- 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 __ 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). __ Theatre and Dance ___

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:

<table>
<thead>
<tr>
<th>Role</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Department Chair</td>
<td>[Signature]</td>
<td>4/16/09</td>
</tr>
<tr>
<td>College Dean or Associate Dean</td>
<td>[Signature]</td>
<td>4/16/09</td>
</tr>
<tr>
<td>CPSP (for school personnel courses ONLY)</td>
<td>[Signature]</td>
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</tr>
<tr>
<td>Associate Vice President</td>
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<tr>
<td>and Dean for Academic Programs</td>
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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.