Proposal to Change a Course

NOTE: All gray text boxes must be completed (even if you just put N/A into them), otherwise the committee must consider the form incomplete.

Contact person Scott Shanklin-Peterson  Email address petersons@cofc.edu Phone 3-8241

1. Department: ARTM

2. Course Number and Title: ARTM 340 - Arts Financial Management

3. Semester and year when the course change(s) will go into effect: Fall 2011

4. Change(s) Desired (Note: if more than 2 items listed under “Typical changes handled by this form” in Guidelines for Planning to Change a Course, then a New Course form must be completed):

   Currently the prerequisites for this course are ACCT 203 and ARTM 200. We would like to add ARTM 310 as an additional prerequisite.

5. Justification for Change(s):

   We have found that the students are more successful and have a better understanding of the course material in ARTM 340 if they have first completed BOTH ARTM 200 and ARTM 310.

6. Is this course to be added to the Degree Requirements of a Major, Minor, Concentration or List of Approved Electives?
   a) ☐ yes  ☒ no

   b) If yes, complete the Change Degree Requirements form(s) and list the name(s) of the major, minor, concentration and/or list of approved electives here:

7. Is the course part of any other degree or program? Please consult the most up to date undergraduate catalog and search for uses of the course to see who should be contacted. If yes, what department/program? Please contact the department chair/program director and request a note or email that they are aware of the proposed change and include that note with the proposal.
   no

This form was approved by FCC on 8/17/2010 and replaces all others.  p. 1
Proposal to Change a Course

8. Signature of Department Chair or Program Director:

________________________________________

Date: _________________________________

9. Signature of Dean of School:

________________________________________

Date: _________________________________

10. Signature of Curriculum Committee Chair:

________________________________________

Date: _________________________________

11. Signature of Faculty Senate Secretary:

________________________________________

Date Approved by Senate: ____________________

Completed form should be sent by the Faculty Senate Secretary to the Registrar. After implementation, information concerning the passed course and program changes will be provided by the Registrar to all faculty and staff on campus.
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Contact person Scott Shanklin-Peterson Email address petersons@cofc.edu Phone 3-8241

1. Department: ARTM

2. Course Number and Title: ARTM 400 - Arts Management Internship

3. Semester and year when the course change(s) will go into effect: Fall 2011

4. Change(s) Desired (Note: if more than 2 items listed under “Typical changes handled by this form” in Guidelines for Planning to Change a Course, then a New Course form must be completed):

   We would like to change the prerequisites for ARTM 400 Internship in Arts Management to be junior standing, ARTM 310 and permission of faculty.

5. Justification for Change(s):

   Faculty has found that the ARTM 340 and 420 courses are not necessary prerequisites for the internship course.

6. Is this course to be added to the Degree Requirements of a Major, Minor, Concentration or List of Approved Electives?
   a) ☐ yes ☒ no

   b) If yes, complete the Change Degree Requirements form(s) and list the name(s) of the major, minor, concentration and/or list of approved electives here:

7. Is the course part of any other degree or program? Please consult the most up to date undergraduate catalog and search for uses of the course to see who should be contacted. If yes, what department/program? Please contact the department chair/program director and request a note or email that they are aware of the proposed change and include that note with the proposal.
   no
Proposal to Change a Course

8. Signature of Department Chair or Program Director:

________________________________________________________________________

Date: __________________________

9. Signature of Dean of School:

________________________________________________________________________

Date: __________________________

10. Signature of Curriculum Committee Chair:

________________________________________________________________________

Date: __________________________

11. Signature of Faculty Senate Secretary:

________________________________________________________________________

Date Approved by Senate: __________________________

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