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 Gretchen McLaine Email address melaineg@cofc.edu Phone 610-570-4388-cell

1. Department: Theatre

2. Course Number and Title: THTR 135: Beginning Jazz Dance

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):

   Change title to: Beginning Jazz Dance for Non-Majors

5. Justification for Change(s):

   As courses for dance majors and the DANC are offered, the renaming of THTR 135 gives a more accurate reflection of the student for whom this course is designed.

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:

      n/a

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.

      n/a
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.
Proposal to Change a Course

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Contact person Gretchen McLaine  Email address mclaineg@cofc.edu Phone 610-570-4388-cell

1. Department: Theatre

2. Course Number and Title: THTR 137: Elementary Modern Dance

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):

   Change title to: Beginning Modern Dance for Non-Majors

5. Justification for Change(s):

   As courses for dance majors and the DANC are offered, the renaming of THTR 137 gives a more accurate reflection of the student for whom this course is designed.

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:
      n/a

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.
   n/a

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

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Contact person Gretchen McLaine Email address mclaineg@cofc.edu Phone 610-570-4388-cell

1. Department: Theatre

2. Course Number and Title: THTR 138: Intermediate Modern Dance

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):

   Change title to: Intermediate Modern Dance for Non-Majors

5. Justification for Change(s):

   As courses for dance majors and the DANC are offered, the renaming of THTR 138 gives a more accurate reflection of the student for whom this course is designed.

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:
      n/a

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.
   n/a
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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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 Gretchen McLaine  Email address mclaineg@cofc.edu  Phone 610-570-4388-cell

1. Department: Theatre

2. Course Number and Title: THTR 185: Beginning Ballet

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):

   Change title to: Beginning Ballet for Non-Majors

5. Justification for Change(s):

   As courses for dance majors and the DANC are offered, the renaming of THTR 185 gives a more accurate reflection of the student for whom this course is designed.

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:
      n/a

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.
      n/a

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

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Contact person Gretchen McLaine  Email address mclainege@cofc.edu Phone 610-570-4388-cell

1. Department: Theatre

2. Course Number and Title: THTR 186: Intermediate Ballet

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):
   Change title to: Intermediate Ballet for Non-Majors

5. Justification for Change(s):
   As courses for dance majors and the DANC are offered, the renaming of THTR 186 gives a more accurate reflection of the student for whom this course is designed.

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:
      n/a

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.
   n/a

This form was approved by FCC on 8/17/2010 and replaces all others.
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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