APPLICATION FOR NEW COURSE

1. Submitted by College of Fine Arts ___________________________ Date September 2001
   Department/Division offering course Theatre ___________________________

2. Proposed designation and Bulletin description of this course
   a. Prefix and Number TA 749
   b. Title* Dissertation Research

*NOTE: If the title is longer than 24 characters (including spaces), write a sensible title (not exceeding 24 characters) for use on transcripts

c. Lecture/Discussion hours per week 0
d. Laboratory hours per week 0
e. Studio hours per week 0
f. Credits 0
g. Course description
   Half-time to full-time work on dissertation.

h. Prerequisites (if any)
   Registration for 2 full-time semesters of TA 769 following successful completion of qualifying examination.

i. May be repeated to a maximum of six semesters. (if applicable)

4. To be cross-listed as n/a
   Prefix and Number ___________________________ Signature, Chairman, cross-listing department

5. Effective Date August 2003 (semester and year)

6. Course to be offered ☑ Fall ☑ Spring ☐ Summer

7. Will the course be offered each year? (Explain if not annually) ☑ Yes ☐ No

8. Why is this course needed?
   Part of proposed Ph. D. program in Theatre Practice.

9. a. By whom will the course be taught? Graduate Faculty

b. Are facilities for teaching the course now available?
   If not, what plans have been made for providing them? ☑ Yes ☐ No
10. What enrollment may be reasonably anticipated? 1-3

11. Will this course serve students in the Department primarily?  
   Will it be of service to a significant number of students outside the Department?  
   If so, explain.
   \( \checkmark \) Yes  \( \square \) No
   \( \square \) Yes  \( \checkmark \) No

12. Check the category most applicable to this course
   \( \checkmark \) traditional; offered in corresponding departments elsewhere;
   \( \square \) relatively new, now being widely established
   \( \square \) not yet to be found in many (or any) other universities

13. Is this course part of a proposed new program?  
   If yes, which?
   Ph. D. Theatre Practice
   \( \checkmark \) Yes  \( \square \) No

14. Will adding this course change the degree requirements in one or more programs?*  
   If yes, explain the change(s) below
   \( \square \) Yes  \( \checkmark \) No

15. Attach a list of the major teaching objectives of the proposed course and outline and/or reference list to be used.

16. If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has been consulted.

17. Within the Department, who should be contacted for further information about the proposed course?
   Name Rhoda-Gale Pollack  
   Phone Extension 7-7018

*NOTE: Approval of this course will constitute approval of the program change unless other program modifications are proposed.
Signatures of Approval:

Department Chair

Dean of the College

*Undergraduate Council

*University Studies

*Graduate Council

*Academic Council for the Medical Center

*Senate Council (Chair)

*If applicable, as provided by the Rules of the University Senate

Date of Notice to the Faculty

Date

Date

Date

Date

Date

Date of Notice to University Senate

ACTION OTHER THAN APPROVAL

Rev 11/98