APPLICATION FOR NEW COURSE

1. Submitted by College of Fine Arts ________________________________ Date ________________________________
   Department/Division offering course Theatre ________________________________

2. Proposed designation and Bulletin description of this course
   a. Prefix and Number TA 769
   b. Title* Residence Credit for the Doctoral Degree
      *NOTE: If the title is longer than 24 characters (including spaces), write
      A sensible title (not exceeding 24 characters) for use on transcripts Residence Credit
      c. Lecture/Discussion hours per week 0
      d. Laboratory hours per week 0
      e. Studio hours per week 0
      f. Credits 0-12
   g. Course description
      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________
   h. Prerequisites (if any)
      ________________________________________________________________
      ________________________________________________________________
   i. May be repeated to a maximum of May be repeated indefinitely (if applicable)
      (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?
      ☑ Yes ☐ No
      If not, what plans have been made for providing them?
      ________________________________________________________________
      ________________________________________________________________
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.
   ✔ Yes ☐ No
   ☐ Yes ✔ No

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

13. Is this course part of a proposed new program?  
   If yes, which?  
   ✔ Yes ☐ No
   Ph. D. Theatre Practice

14. Will adding this course change the degree requirements in one or more programs?*  
   If yes, explain the change(s) below  
   ☐ Yes ✔ 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:

[Signature]

Department Chair

[Signature]

Dean of the College

[Signature]

Date

[Signature]

Date

Date of Notice to the Faculty

*Undergraduate Council

Date

*University Studies

Date

*Graduate Council

Date

*Academic Council for the Medical Center

Date

*Senate Council (Chair)

Date of Notice to University Senate

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

[Signature]

ACTION OTHER THAN APPROVAL

Rev 11/98