Course Change Request

Check Appropriate Boxes: Undergraduate credit [✓] Graduate credit [ ] Professional credit [ ]

1. School/Division: Visual and Performing Arts

2. Academic Subject Code: MUS

3. Current Course Number: L53

4. Current Credit Hours: 1

5. Current Title: Music Therapy Practicum II

6. Effective Semester/Year for changes listed below: Fall 2009

7. Instructor: Farlow, Jackson

Type of Change Requested (Check appropriate boxes and indicate changes)

- [ ] Change course number to: ___________________________ [must be cleared with University Enrollment Services]
- [ ] Change course title: Music Therapy Practicum II

Recommended abbreviation (optional): ___________________________ [Limited to 32 Characters including spaces]

- [ ] Current credit hours fixed at: _______________________ or variable from: _______________________ to ______________________
- [ ] Change to credit hours fixed at: _______________________ or variable from: _______________________ to ______________________
- [ ] Current lecture contact hours fixed at: _______________________ or variable from: _______________________ to ______________________
- [ ] Change to lecture contact hours fixed at: _______________________ or variable from: _______________________ to ______________________
- [ ] Current non-lecture contact hours fixed at: _______________________ or variable from: _______________________ to ______________________
- [ ] Change to nonlecture contact hours fixed at: _______________________ or variable from: _______________________ to ______________________
- [ ] Is this course currently graded with S-F (only) grades? ___________________________ Yes [ ] No [ ]

- [ ] Change to S-F (only) grading? ___________________________ Yes [ ] No [ ]

- [ ] Does this course presently have variable title approval? ___________________________ Yes [ ] No [ ]

- [ ] Is variable title approval being requested? ___________________________ Yes [ ] No [ ]

- [ ] Is this course being discontinued? For all campuses ________ or for this campus only ________

- [✓] Current course description: L54, X296, X298. Students provide clinical services to individuals or groups at the campus clinic or a community agency focusing on the development of treatment interventions and plans. Two or more hours per week and attendance at weekly seminar. Liability insurance required. (Fall, Spring)

Change course description to (not to exceed 50 words): P: L54, X296, X298. Students work with an MT-BC to provide services to aging/elderly client groups focusing on the implementation of music therapy assessment. Includes clinical hours and attendance at weekly seminar. May be repeated. (Fall)

17. Justification for change: Specifies credentials of supervisor; specifies client population

(Use additional paper if necessary)

18. Are the necessary reading materials currently available in the appropriate library? Yes [ ]

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of this course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: ___________________________ Date 10-10-09

[Signature] [Signature]

Department Chairman/Division Director Dean

Date Date 10-31-09

Dean of Graduate School (when required) Chancellor/Vice-President

Date Date

University Enrollment Services Date

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

University Enrollment Services Final-White; Chancellor/Vice-President-Blue; School/Division-Yellow; Department/Division-Pink; University Enrollment Services Advance-White