Course Change Request

1. School/Division: Visual and Performing Arts

2. Academic Subject Code: MUS

3. Current Course Number: L421

4. Current Credit Hours: 1

5. Current Title: Music Therapy Practicum IV

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

7. Instructor: Jackson, Farlow

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

☐ 8. Change course number to: _____________________________ (must be cleared with University Enrollment Services)

☐ 9. Current course title: Music Therapy Practicum IV

Change to: _____________________________

Recommended abbreviation (optional) _____________________________

☐ 10. Current credit hours fixed at: ____________ or variable from: ____________ to _________

Change to credit hours fixed at: ____________ or variable from: ____________ to _________

☐ 11. Current lecture contact hours fixed at: ____________ or variable from: ____________ to _________

Change to lecture contact hours fixed at: ____________ or variable from: ____________ to _________

☐ 12. Current non-lecture contact hours fixed at: ____________ or variable from: ____________ to _________

Change to non-lecture contact hours fixed at: ____________ or variable from: ____________ to _________

☐ 13. Is this course currently graded with S-P (only) grades? Yes __________ No __________

Change to S-P (only) grading? Yes __________ No __________

☐ 14. Does this course presently have variable title approval? Yes __________ No __________

Is variable title approval being requested? Yes __________ No __________

☐ 15. Is this course being discontinued? For all campuses __________ or for this campus only __________

☐ 16. Current course description: P: L354. Students provide music therapy services to psychiatric/mentally ill clients or groups focusing on the process of assessment, treatment and evaluation. Involves clinical hours and attendance at weekly seminar. Liability insurance required. (Fall)

Change course description to (not to exceed 50 words): P: L354. Students work with an MT-BC to provide services to psychiatric/mentally ill clients focusing on the process of treatment from assessment through evaluation and the development of therapeutic self. Involves clinical hours and attendance at weekly seminar. May be repeated. (Fall)

17. Justification for change: Specifies credentials of supervisor, enhanced client outcome goal

(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: [Signature] Date 10/10/08

Department Chairman/Dvision Director

[Signature] Date

Dean

[Signature] Date

Chancellor/Vice-President

[Signature] Date

University Enrollment Services

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.

UFS 725 University Enrollment Services Final-White; Chancellor/Vice-President-Blue; School/Division-Yellow; Department/Division-Pink; University Enrollment Services Advance-White