

## Course Change Request

Academic Organization and Curriculum Handbook

College **ART**

Course Bulletin Listing **ART - ART**

Course Prefix

Course Number **332**

Course Decimal

Full Course Title **Introduction to Glass Forming**

Transcript Title **GLASSFORMING INTRO**

Level **U**

Credit Hours **5**

College **ART**

Course Bulletin Listing **ART - ART**

Course Prefix **332**  Generic course or decimal subdivision?

Full Course Title **Introduction to Glass Forming**

Transcript Title **GLASSFORMING INTRO**

Level  Undergraduate  Graduate

Credit Hours **5**

Proposed Effective Year

Proposed Effective Term

### Course Bulletin

Course Description

Introduction to principles and practice of making kiln formed glass art, with a focus on techniques of fusing, bending, and casting colored glass.

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Terms Offered **AU WI SP**

Terms Offered **Quarter(s)**  
 Autumn  
 Winter  
 Spring  
 Summer  
 Summer 1  
 Summer 2

Offering Pattern **This year**

Offering Pattern  This year  Every other year

Distribution of Class Time **2 3-hr cl.**

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Omit distribution of class time from printing?

Prerequisites **Prereq: 205 or 206.**

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Electronic enforcement of prerequisites?

Exclusion or Limiting Clause

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Repeatable?

Max Repeatable  
Credit Hours

Grade Option **L**

Honors Statement

Repeatable?

Cross  
Listed?

Course part of a  
sequence?

Grade Option  Letter  S/U  Progress

GEC Course

General Course  
Information  
Statement

- Off Campus/Field Experience?
- EM Credit?
- Admission Condition Course?
- Offered in Distance Learning Format?
- Service Learning?

**General Information**

Subject (CIP) Code 500799

Subsidy Level **B**

If you have questions, please contact Jed Dickhaut @ [dickhaut.1@osu.edu](mailto:dickhaut.1@osu.edu).

Expected Section Size 0

Proposed Number of Sections Per Year 0

- Course time less than 1 full term or Workshop
- Off-campus offering?
- Required on Major(s)
- Required on Minor(s)
- Elective within Major(s)
- Elective within Minor(s)
- Choice of Major(s)
- Choice of Minor(s)

A General Elective

Indicate the nature of the program adjustments, new funding, and/or withdrawals that make possible the implementation of this new course. Evidence must be given of whether the budget support will come from reallocation of existing resources or from new program funds.

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Is approval of this request contingent upon the approval of other course or curricular requests?  Yes  No

Describe any changes in library, equipment, or teaching aids needed

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**Purpose of the proposed change**

Eliminate Su offering and unnecessary wording.

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Proposed change impacts course contents?

Describe the method of funding if the proposed changes involves budgetary adjustments

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Please complete and attach the form(s) on the following page before completing the package.

[Course Supplement Form](#)

**Course Contact Information**

Faculty Name Rebecca Harvey

Faculty Email Harvey.113@osu.edu

Contact Name \_\_\_\_\_

Contact Dept \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Phone 2926058

Save

Validate