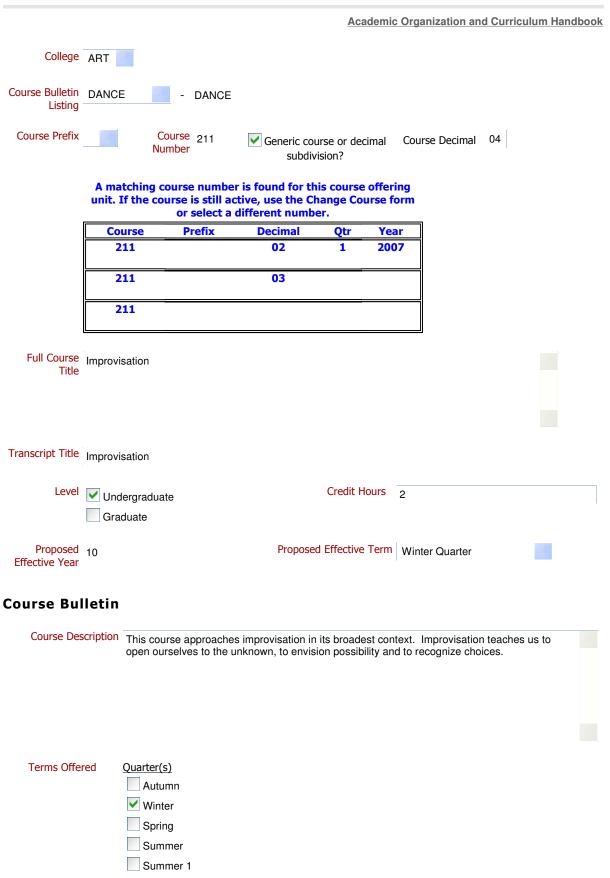
## New Course Request



https://bpmprod.itprod.ohio-state.edu/courseApproval/newCourse.aspx?ActivationID=%7... 5/15/2009

	Summer 2					
Offering Pattern	This year Every other year					
Distribution of Class Time	2 classes a week - 1.5 hours each					
	Omit distribution of class time from printing?					
Prerequisities	Qualifying audition or permission of instructor					
Exclusion or Limiting Clause	Electronic enforcement of prerequisites?					
Repeatable? ✔	Max Repeatable Credit Hours 6					
Cross Listed?						
Course part of a sequence?	Dance 211.01, 211.02, 211.03, 211.04					
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 500301	Subsidy Level	В					
If you have questions, please contact Jed Dickhaut @ dickhaut.1@osu.edu.							
Expected Section 15 Size	Proposed Number	of Sections Per Year 2					
Course time less than 1 full term or	Workshop						
Off-campus offering?							
Required on Major(s)							
List of Major Dance Programs							
Required on Minor(s)							
Elective within Major(s)							
Elective within Minor(s)							
List of Minor Dance Programs							
Choice of Major(s)							
Choice of Minor(s)							
A General Elective							
State the need and purpose of the cours unit/school/college/university.	se. Indicate how the course relates	s to the primary goals of the academic					
This course has been a requirement in 601.08: Other. The course having met learned in improvisation are essential for	with success is now ready to be for	ormalized. The skills					
		ndrawals that make possible the implementation of vill come from reallocation of existing resources or					
N/A							

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

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

## **Course Contact Information**

Faculty Name	MICHAEL KELLY BRUCE		
Faculty Email	bruce.8@osu.edu		_
Contact Name	MICHAEL KELLY BRUCE		
Contact Dept	dance		_
Contact Email	bruce.8@osu.edu		-
Contact Phone	2-6833		
	Save	Validate	
THE OHIO STAT	EUNIVERSITY WWW.0SU.	EDU	