

**The Ohio State University
Colleges of the Arts and Sciences Course Change Request**

School of Music _____
Academic Unit _____

Music _____ 815 _____
Book 3 Listing (e.g., Portuguese) _____ Course Number _____

Summer Autumn Winter Spring X Year 2008

Proposed effective date: choose one quarter and put an "X" after it; and fill in the year. See the OAA curriculum manual for deadlines.

A. Course Offerings Bulletin Information. Follow instructions in the OAA curriculum manual. Before you fill out the "Present Course" information, be sure to check the latest edition of the *Course Offerings Bulletin* and subsequent Circulating Forms. You may find that the changes you need have already been made or that additional changes are needed. If the course offered is less than quarter or term, please also complete the Flexibly Scheduled/OffCampus/Workshop Request form.

COMPLETE ALL ITEMS THIS COLUMN

Present Course

1. Book 3 Listing: Music/SLP _____
2. Number: 815 _____
3. Full Title: Clinical Assessment & Training Methods for the Singing Voice _____
4. 18-Cha: Transcript Title: Science & Singing _____
5. Level and Credit Hours: Graduate 3 hours _____
6. Description: Interdisciplinary course in vocal pedagogy (25 words or less) & speech language pathology exploring methods within each discipline for assessing & training the singing voice _____
7. Qtrs. Offered: Spring _____
8. Distribution of Contact Time: 2 hrs cl, 2 hrs lab (e.g., 3 cl, 1 3-hr lab) _____
9. Prerequisite(s): Graduate standing in Speech & Hearing and Music, Music 715 and SPH 741 _____
10. Exclusion: Not open to students outside Music & Speech and Hearing Science (Not open to....) _____
11. Repeatable to a maximum of 0 credits. _____
12. Off-Campus Field Experience: _____
13. Cross-listed with: Speech & Hearing Department _____
14. Is this a GEC course? No _____
15. Grade option (circle): Ltr X SAJ P
If P graded, what is the last course in the series? _____
16. Is an honors version of this course available? Y N X
Is an Embedded Honors version of this course available? Y N X _____

COMPLETE ONLY THOSE ITEMS THAT CHANGE

Changes Requested

1. _____
2. _____
3. Seminar for the Singing Health Specialist _____
4. Seminar for SHS _____
5. _____
6. Required seminar for candidates in the Singing Health Specialization to enable coordination of skills, concepts and practices necessary for successful SHS certification _____
7. Winter, Summer beginning Summer 2008 _____
8. 3 hr cl, 1 hr lab weekly _____
9. Admission to Singing Health Specialization; completion of Med 803, 804, 809 _____
10. Open to Singing Health Specialization candidates _____
11. _____
12. some sessions in OSU Clinic, Hospital, Speech & Hearing Lab _____
13. _____
14. _____
15. _____
16. _____

B. General Information

1. Do you want the prerequisites enforced electronically (see the OAA manual for what can be enforced)?
No

2. Does this course currently satisfy any GEC requirement, if so indicate which category?
No

3. What other units require this course? Have these changes been discussed with those units?
Speech and Hearing Science; yes

4. Have these changes been discussed with academic units that might have a jurisdictional interest in the subject matter?
Attach relevant letters.
Yes; attached letter from Department of Otolaryngology

5. Is the request contingent upon other requests, if so, list the requests?
No

6. Purpose of the proposed change. (If the proposed change affects the content of the course, attach a revised syllabus and course objectives and e-mail to ascurofca@osu.edu.)
This is an interdisciplinary course in which content and focus is being changed to facilitate the curriculum of an new graduate interdisciplinary specialization, Singing Health Specialist (SHS)

7. Please list Majors/Minors affected by the proposed change. Attach revisions of all affected programs. This course is (check one):
 Required on major(s)/minor(s) A choice on major(s)/minors(s)
 An elective within major(s)/minor(s) A general elective:
 Doctor of Musical Arts (DMA), Master of Music (MM), Masters of Music (MA) in vocal pedagogy

8. Describe any changes in library, equipment or other teaching aids needed as a result of the proposed change or if the proposed change involves budgetary adjustments, describe the method of funding:

Approval Process The signatures on the lines in ALL CAPS (e.g. ACADEMIC UNIT) are required.

- | | | |
|--|----------------------------|----------------|
| 1. Academic Unit Undergraduate Studies Committee Chair | Printed Name | Date |
| <i>Patricia J. Francis</i> | <i>Patricia J. Francis</i> | <i>4/25/07</i> |
| 2. Academic Unit Graduate Studies Committee Chair | Printed Name | Date |
| <i>Melrose Morris</i> | <i>Melrose Morris</i> | <i>5/25/07</i> |
| 3. ACADEMIC UNIT CHAIR/DIRECTOR | Printed Name | Date |
| 4. After the Academic Unit Chair/Director signs the request, forward the form to the ASC Curriculum Office, 105 Brown Hall, 190 West 17 th Ave. or fax it to 688-5678. Attach the syllabus and any supporting documentation in an e-mail to ascurofca@osu.edu . The ASC Curriculum Office will forward the request to the appropriate committee. | | |
| 5. COLLEGE CURRICULUM COMMITTEE | Printed Name | Date |
| 6. ARTS AND SCIENCES EXECUTIVE DEAN | Printed Name | Date |
| 7. Graduate School (if appropriate) | Printed Name: | Date |
| 8. University Honors Center (if appropriate) | Printed Name | Date |
| 9. Office of International Affairs (study tours only) | Printed Name | Date |
| 10. ACADEMIC AFFAIRS | Printed Name | Date |