

REAL Curriculum Program Alignment Proposal

Department or School: DEPARTMENT OF MUSIC

Date: 1-30-21

Degree type: BS BA BBA BSN BM BFA BSW Minor Certificate

Program: **Music Performance Minor**

REAL Area Program Designation Sought (check all that apply): R E A L

Dept/School Contact: Tim Channell- Chair, Music Department

BS/BA Requirements: N/A

- Any degree program that fulfills a REAL area must include at least 9 unique credit hours for each area covered. At least 3 of these 9 credit hours must be at the 300 level or above
- A single major degree program may fulfill no more than three REAL areas for any one student, unless all four REAL areas are fulfilled by accreditation or licensure requirements.
- A single minor or certificate degree program may fulfill no more than two REAL areas.
- Degree program may cover up to two REAL areas using a single prefix.
- All courses documenting the coverage of a REAL area must fulfill all learning outcomes and be designated in that area.
- All courses that document fulfillment of a REAL area within a degree program of study are NOT required to be taught by the department/school. However, departments/schools are expected to formally communicate with other departments about reliance on and inclusion of courses in their degree program plans of study. Indicate this through signature of chair or director of the partnering department or school in the areas below.
- Departments or schools that seek to fulfill REAL areas must acknowledge assessment requirements for those areas. Assessment of degree seeking students is required to be conducted yearly by the department or school offering the degree program.
- If departments or schools want to use a menu of courses to fulfill a particular area, please duplicate the sections below for each REAL area and include information for each course included in the menu of options.
- Please save this file for submission as PROGRAM NAME_ProgramType.docx (Example: Criminal Justice_BS.docx)

By signing, the department/school acknowledges the above conditions and considerations:

Dept/School Signature	Date:
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Official Program Description: (This is the revised minor description below)

Music Performance Minor

[MUSC 100 - Introduction to Music Literature *](#)

[MUSC 111 - Theory I](#)

[MUSC 114 - Ear Training and Sight Singing I](#)

[MUSC 115 - Ear Training and Sight Singing II](#)

[MUSC 214 – Ear Training and Sight Singing III](#)

Applied Music (6 credits)

3 semesters of applied music (6 credits)

[MUSC 323 - Applied Music: Trumpet](#)

[MUSC 324 - Applied Music: French Horn](#)

[MUSC 325 - Applied Music: Trombone](#)

[MUSC 326 - Applied Music: Euphonium](#)

[MUSC 327 - Applied Music: Tuba](#)

[MUSC 328 - Applied Music: Flute](#)

[MUSC 329 - Applied Music: Clarinet](#)

[MUSC 330 - Applied Music: Saxophone](#)

[MUSC 331 - Applied Music: Oboe](#)

[MUSC 332 - Applied Music: Bassoon](#)

[MUSC 333 - Applied Music: Percussion](#)

[MUSC 334 - Applied Music: Piano](#)

[MUSC 335 - Applied Music: Guitar](#)

[MUSC 336 - Applied Music: Harp](#)

[MUSC 337 - Applied Music: Violin](#)

[MUSC 338 - Applied Music: Viola](#)

[MUSC 339 - Applied Music: Cello](#)

[MUSC 340 - Applied Music: String Bass](#)

[MUSC 341 - Applied Music: Voice](#)

[MUSC 342 - Applied Music: Composition](#)

[MUSC 343 - Applied Music: Organ](#)

Ensembles (3 credits)

Choose 3 hours from:

[MUSC 309 – Chamber Orchestra](#)

[MUSC 310 – Wind Bands](#)

[MUSC 311 - Chorus](#)

[MUSC 312 - Chorale](#)

[MUSC 434 - Jazz Ensemble](#)

[MUSC 435 - Percussion Ensemble](#)

[MUSC 436 - Guitar Ensemble](#)

[MUSC 456 - Radford Singers](#)

[MUSC 457 - Opera Workshop](#)

Total Credits Needed for Minor (18 credits)

REAL Fulfilment

E MUSC 100 (3) *Intro to Music Literature*

E MUSC 111 (3) *Music Theory 1*

AND 3 credits of the following:

E MUSC 309 (1) *Chamber Orchestra*

E MUSC 310 (1) *Wind Bands*

E MUSC 311 (1) *Chorus*

E MUSC 312 (1) *Chorale*

E MUSC 434 (1) *Jazz Ensemble*

E MUSC 435 (1) *Percussion Ensemble*

E MUSC 436 (1) *Guitar Ensemble*

E MUSC 456 (1) *Radford Singers*

E MUSC 457 (1) *Opera Workshop*

(1 each) *Ear Training & Sight Singing I-III (total of 3 credits)*

L MUSC 114 (1) *Ear Training & Sight Singing I*

L MUSC 115 (1) *Ear Training & Sight Singing II*

L MUSC 214 (1) *Ear Training & Sight Singing III*

And one of the following (on the major instrument) for three semesters (total of 6 credits)

Applied Music:

L MUSC 323 (2) *Trumpet*

L MUSC 324 (2) *French Horn*

L MUSC 325 (2) *Trombone*

L MUSC 326 (2) *Euphonium*

L MUSC 327 (2) *Tuba*

L MUSC 328 (2) *Flute*

L MUSC 329 (2) *Clarinet*

L MUSC 330 (2) *Saxophone*

L MUSC 331 (2) *Oboe*

L MUSC 332 (2) *Bassoon*

L MUSC 333 (2) *Percussion*

L MUSC 334 (2) *Piano*

L MUSC 335 (2) *Guitar*

L MUSC 336 (2) *Harp*

L MUSC 337 (2) *Violin*

L MUSC 338 (2) *Viola*

L MUSC 339 (2) *Cello*

L MUSC 340 (2) *String Bass*

L MUSC 341 (2) *Voice*

L MUSC 342 (2) *Composition*

L MUSC 343 (2) *Organ*



SCIENTIFIC AND QUANTITATIVE REASONING

R Area: Course Prefix: Course Number: Course Title: Credit Hours: New course: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year:	Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:
R Area: Course Prefix: Course Number: Course Title: Credit Hours: New course: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year:	Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:
R Area: Course Prefix: Course Number: Course Title: Credit Hours: New course: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year:	Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:
R Designated Course Required within the Program of Study Approved for Inclusion in the General Education Coursework: (please list at least one, can also be listed above but does not need to be)	

R Area: Learning Goal: To apply scientific and quantitative reasoning to questions about the natural world, mathematics, or related areas.	
Learning Outcome 1: Students apply scientific and quantitative information to test problems and draw conclusions.	Description of learning outcome assessment plan:
Learning Outcome 2: Students evaluate the quality of data, methods, or inferences used to generate scientific and quantitative knowledge.	Description of learning outcome assessment plan:
Additional information for REAL Council consideration:	

HUMANISTIC OR ARTISTIC EXPRESSION

<p>E Area: Course Prefix: MUSC Course Number: 100 Course Title: Intro to Music Literature Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Projected student enrollment per academic year: 10</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input type="checkbox"/> Every academic year <input checked="" type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>E Area: Course Prefix: MUSC Course Number: 111 Course Title: Theory 1 Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Projected student enrollment per academic year: 10</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>E Area: Course Prefix: MUSC Course Number: 309, 310, 311, 312, 434, 435, 436, 456, 457 Course Title: Chamber Orchestra, Wind Bands, University Chorus, Chorale, Guitar Ensemble, Radford Singers, Percussion Ensemble Credit Hours: 1 credit, for three semesters New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Projected student enrollment per academic year:10</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input type="checkbox"/> Every academic year <input checked="" type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>E Designated Course Required within the Program of Study Approved for Inclusion in the General Education Coursework: (please list at least one, can also be listed above but does not need to be) MUSC 100 & MUSC 111</p>	

<p>E Area: Learning Goal: To explore humanistic or artistic expression through inquiry or creativity.</p>	
<p>Learning Outcome 1: Students demonstrate understanding of diverse ideas, languages, products, or processes of humanistic inquiry or artistic expression.</p>	<p>Description of learning outcome assessment plan: <i>Plan to use the university-developed assessment tools.</i></p>
<p>Learning Outcome 2: Students critically evaluate, synthesize, or create forms of human expression or inquiry.</p>	<p>Description of learning outcome assessment plan: <i>Plan to use the university-developed assessment tools.</i></p>

Additional information for REAL Council consideration:

CULTURAL OR BEHAVIORAL ANALYSIS

<p>A Area: Course Prefix: Course Number: Course Title: Credit Hours: New course: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year:</p>	<p>Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
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<p>A Area: Course Prefix: Course Number: Course Title: Credit Hours: New course: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year:</p>	<p>Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
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<p>A Area: Course Prefix: Course Number: Course Title: Credit Hours: New course: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year:</p>	<p>Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
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A Designated Course Required within the Program of Study Approved for Inclusion in the General Education Coursework: (please list at least one, can also be listed above but does not need to be)

<p>A Area: Learning Goal: To examine the context and interactions of culture(s) and/or behavior(s).</p>	
<p>Learning Outcome 1: Students describe behaviors, beliefs, cultures, social institutions, and/or environments.</p>	<p>Description of learning outcome assessment plan:</p>
<p>Learning Outcome 2: Students analyze the interactions of behaviors, beliefs, cultures, social institutions, and/or environments.</p>	<p>Description of learning outcome assessment plan:</p>
<p>Additional information for REAL Council consideration:</p>	

APPLIED LEARNING

<p>L Area: Course Prefix: MUSC Course Number: 114 Course Title: Sight Singing/Ear Training 1 Credit Hours: 1 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Projected student enrollment per academic year: 10</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>L Area: Course Prefix: MUSC Course Number: 115 Course Title: Sight Singing/Ear Training 2 Credit Hours: 1 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Projected student enrollment per academic year: 10</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>L Area: Course Prefix: MUSC Course Number: 214 Course Title: Sight Singing/Ear Training 3 Credit Hours: 1 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Projected student enrollment per academic year: 10</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>L Area: Course Prefix: MUSC Course Number: 3xx (323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, or 343) Course Title: Applied Lessons: Trumpet, French Horn, Trombone, Euphonium, Tuba, Flute, Clarinet, Saxophone, Oboe, Bassoon, Percussion, Piano, Guitar, Harp, Violin, Viola, Cello, String Bass, Voice, Composition, Organ Credit Hours: 2 credits each for three semesters New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Projected enrollment need per academic year: 50 across all courses (approx. 1-10 in a given course)</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input type="checkbox"/> Every academic year <input checked="" type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>

L Designated Course Required within the Program of Study Approved for Inclusion in the General Education Coursework: (please list at least one, can also be listed above but does not need to be) **3-4-20 (Email communication with Nicole Hendrix: This is no longer required for L)**

L Area:

Learning Goal: To explore professional practice through the application of knowledge, skills, and critical reflection.

Learning Outcome 1: Students apply acquired knowledge and skills to develop professional identity or professional practice.

Description of learning outcome assessment plan:
Plan to use the university-developed assessment tools

Learning Outcome 2: Students critically reflect on their learning, abilities, experiences, or role within professional contexts.

Description of learning outcome assessment plan:
Plan to use the university-developed assessment tools

Additional information for REAL Council consideration:

Are existing material resources adequate to support this program alignment proposal?


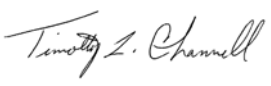
Yes No If not, what additional material resources would be needed?

Are existing space resources adequate to support this program alignment proposal?

Yes No If not, what additional space resources would be needed?

Are existing human resources adequate to support this program alignment proposal?

Yes No If not, what additional human resources would be needed?

Department Curriculum Committee Recommendation:	Signature: 	Date: 1-30-2021
Department Curriculum Committee Recommendation:	Signature: 	Date: 1-30-2021
Chair/Dean on Behalf of Dept/School:	Signature:	Date:
College Curriculum Committee Approval:	Signature:	Date:
Dean/AVP Approval:	Signature:	Date:
REAL Council Recommendation:	Signature:	Date:
Faculty Senate Curriculum Committee Recommendation:	Signature:	Date:
Faculty Senate Approval:	Signature:	Date:
Provost Approval:	Signature:	Date: