



**NORTHEASTERN ILLINOIS UNIVERSITY  
CURRICULAR PROPOSAL TRANSMISSION FORM**

Program/Course abbreviated title (existing) <u>CMT - Media courses</u> Course _____ Dept _____ Disc _____ Number _____ Cr hrs _____ Contact hrs _____		(proposed) <u>prerequisite changes</u> Course _____ Dept _____ Disc _____ Number _____ Cr hrs _____ Contact hrs _____	
<b>Program</b> <input type="checkbox"/> New Program <input type="checkbox"/> Program deletion <input type="checkbox"/> Program modification <input type="checkbox"/> Program admission req.		<b>Other Course Information</b> <input checked="" type="checkbox"/> Course Prerequisite Change <input type="checkbox"/> Course number change <input type="checkbox"/> Course description change <input type="checkbox"/> Title varies <input type="checkbox"/> Web-based course <input type="checkbox"/> 300-level proposed for graduate credit	
<b>Constraints</b> Requirement of General <input type="checkbox"/> Y <input type="checkbox"/> N   Restriction by <input type="checkbox"/> None <input type="checkbox"/> Major Only <input type="checkbox"/> Fr & Soph. <input type="checkbox"/> Jr. & Sr. <input type="checkbox"/> Grad Only Education Program <input type="checkbox"/> Y <input type="checkbox"/> N   Student level		Times offered/year _____ Number students/year _____ (Program name) _____	
Linked Courses _____ (Dept/Disc/Number and abbr. title)		Summary Table of Proposed changes	
<b>Materials Submitted</b> <input checked="" type="checkbox"/> Proposal Checklist <input type="checkbox"/> Added Support (chair level) <input type="checkbox"/> Other Support (college level) <input checked="" type="checkbox"/>			
1. Review by Department	<u>Alison</u> <u>2/25/09</u> (signature) (date)	2. Review by Chair	<u>Patricia Bell-Jordan</u> <u>2/25/09</u> (signature) (date)
3. Review by CAAC	<u>Paulo Avolio</u> <u>3/12/09</u> (signature) (date)	4. Review by College Dean	<u>Daved Patachewax</u> <u>3/12/09</u> (signature) (date)
5. Review by GCAC	_____ (signature) (date)	6. Review by Graduate Dean	_____ (signature) (date)
7. Review by GEC	_____ (signature) (date)		
8. Review by FCAA	<u>Butch</u> <u>4/29</u> (signature) (date)	9. Approved by Provost	<u>Frank</u> <u>4/29</u> (signature) (date)

**DISTRIBUTION:** WHITE - PROVOST  
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