



**NORTHEASTERN ILLINOIS UNIVERSITY  
CURRICULAR PROPOSAL TRANSMISSION FORM**

Program/Course abbreviated title (existing) <u>BS - EARTH SCIENCE</u> Course Dept _____ Disc _____ Number _____ Cr hrs _____ Contact hrs _____ (limit 29 characters)	
(proposed)	
<b>Program</b> <input type="checkbox"/> New Program <input type="checkbox"/> Program deletion <input checked="" type="checkbox"/> Program modification <input type="checkbox"/> Program admission req.	<b>Course</b> <input type="checkbox"/> New Course <input type="checkbox"/> Course deletion <input type="checkbox"/> Course description change <input type="checkbox"/> Title varies <input type="checkbox"/> Web-based course
<b>Constraints</b> Requirement of General Education Program <input type="checkbox"/> Y <input type="checkbox"/> N   Restriction by student level <input type="checkbox"/> None <input type="checkbox"/> Fr & Soph. <input type="checkbox"/> Jr. & Sr. <input type="checkbox"/> Grad Only	<b>Other Course Information</b> <input type="checkbox"/> Course Prerequisite Change <input type="checkbox"/> Course number change <input type="checkbox"/> Course title change <input type="checkbox"/> 300-level proposed for graduate credit
Prerequisites _____ Linked Courses _____ (Dept/Disc/Number and abbr. title)	Times offered/year _____ Number students/year _____ Program requirement <input type="checkbox"/> Y <input type="checkbox"/> N Elective <input type="checkbox"/> Y <input type="checkbox"/> N (Program name) _____
<b>Materials Submitted</b> <input type="checkbox"/> Syllabus (required) <input checked="" type="checkbox"/> Proposal Checklist <input type="checkbox"/> Added Support (chair level) <input type="checkbox"/> Other Support (college level) <input type="checkbox"/> Summary Table of Proposed changes	
1. Review by Department _____ (signature) _____ (date) <u>11-18-08</u>	2. Review by Chair _____ (signature) _____ (date) <u>11-18-08</u>
3. Review by CAAC _____ (signature) _____ (date) <u>12/4/08</u>	4. Review by College Dean _____ (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 _____ (signature) _____ (date) <u>1/16/09</u>
9. Approved by Provost _____ (signature) _____ (date) <u>1/22/09</u>	9. Approved by Provost _____ (signature) _____ (date)

**DISTRIBUTION:** WHITE - PROVOST  
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