

NORTHEASTERN ILLINOIS UNIVERSITY
CURRICULAR PROPOSAL TRANSMISSION FORM

Program/Course abbreviated title (existing) _____ (limit 29 characters)		Course _____ Dept _____ Disc _____ Number _____ Cr hrs _____ Contact hrs _____	
(proposed) <u>GIS III</u>		Course <u>G&ES</u> Dept <u>G&ES</u> Disc _____ Number <u>393</u> Cr hrs <u>3</u> Contact hrs _____	
Program <input type="checkbox"/> New Program <input type="checkbox"/> Program deletion <input type="checkbox"/> Program modification <input type="checkbox"/> Program admission req.		Other Course Information <input type="checkbox"/> Course Prerequisite Change <input type="checkbox"/> Course number change <input type="checkbox"/> Course title change <input checked="" type="checkbox"/> 300-level proposed for graduate credit	
Constraints Requirement of General Education Program <input type="checkbox"/> Y <input type="checkbox"/> N Prerequisites <u>391</u>		Times offered/year <u>1</u> Number students/year <u>20</u>	
Linked Courses _____ (Dept/Disc/Number and abbr. title)		Program requirement <input type="checkbox"/> Y <input type="checkbox"/> N Elective <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Materials Submitted <input checked="" type="checkbox"/> Syllabus (required) <input 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) <u>Ed Hobbs</u> (date) <u>11/25/08</u>		2. Review by Chair _____ (signature) _____ (date) _____	
3. Review by CAAC _____ (signature) <u>Carl Acvolic</u> (date) <u>12/4/08</u>		4. Review by College Dean _____ (signature) _____ (date) _____	
5. Review by GCAC _____ (signature) <u>W. J. Hall</u> (date) <u>2/17/09</u>		6. Review by Graduate Dean _____ (signature) <u>W. J. Hall</u> (date) <u>2/26/09</u>	
7. Review by GEC _____ (signature) _____ (date) _____		9. Approved by Provost _____ (signature) <u>W. J. Hall</u> (date) <u>4/29/09</u>	

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