



**NORTHEASTERN ILLINOIS UNIVERSITY
CURRICULAR PROPOSAL TRANSMISSION FORM**

Program/Course abbreviated title (existing) _____ (limit 29 characters)		Course _____ Dept _____ Disc _____ Number _____ Cr hrs _____ Contact hrs _____
(proposed) _____ Course _____ Dept _____ Disc _____ Number _____ Cr hrs _____ Contact hrs _____		
Program <input type="checkbox"/> New Program <input type="checkbox"/> Program deletion <input type="checkbox"/> Program modification <input type="checkbox"/> Program admission req.	Course <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	Other Course Information <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
Constraints Requirement of General Education Program <input type="checkbox"/> Y <input type="checkbox"/> N Restriction by student level <input type="checkbox"/> None <input type="checkbox"/> Major Only <input type="checkbox"/> Fr & Soph. <input type="checkbox"/> Jr. & Sr. <input type="checkbox"/> Grad Only	Times offered/year _____ Number students/year _____	
Prerequisites _____ Program requirement <input type="checkbox"/> Y <input type="checkbox"/> N (Program name) _____		
Linked Courses _____ (Dept/Disc/Number and abbr. title)		
Materials Submitted <input 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) _____ (date) _____	2. Review by Chair _____ (signature) _____ (date) _____	
3. Review by CAAC _____ (signature) _____ (date) _____	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) _____	9. Approved by Provost _____ (signature) _____ (date) _____	

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