

Illinois State University
GRADUATE CURRICULUM COMMITTEE

SELECTED STUDIES (489,589) OR WORKSHOP (493/429X)
COURSE PROPOSAL COVER SHEET

Initiator _____

Date _____

Department/School _____

Course # _____ Credit Hours _____ Established _____
(To obtain an available decimalized course number, contact the Graduate School.)

Course Title: _____

To be offered: *(Check all that apply.)*

- | | |
|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Only once | |
| <input type="checkbox"/> On campus | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Overseas | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Off campus | <input type="checkbox"/> Summer |

Course Description: *(20 words or less)*

Prerequisites: _____

Routing and Action Summary:

Department/School Curriculum Committee Chairperson: _____ Date _____
(This signature required for 493 workshops only.)

Department Chair/School Director _____ Date _____

College Curriculum Committee Chairperson _____ Date _____
(This signature required for 493 workshops only.)

College Dean _____ Date _____
(This signature required for 493 workshops only.)

Graduate School _____ Date _____
(300-, 400-, 500-level)

Office Use Only:

Original: Evaluations Office _____

Copies: Provost-Scheduling Office _____ Graduate School _____ Academic Department/School _____