

**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 \_\_\_\_\_

Course Title: \_\_\_\_\_

To be offered: (Check all that apply.) \_\_\_\_\_ Only once

\_\_\_\_\_ On campus \_\_\_\_\_ Fall

\_\_\_\_\_ Overseas \_\_\_\_\_ Spring

\_\_\_\_\_ Off campus \_\_\_\_\_ 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 \_\_\_\_\_