

Western Illinois University, School of Graduate Studies  
**REQUEST FOR NEW TITLE**  
**(Multiple-Titled Course)**

This form is to be used for adding a new title to a course that has been approved as a "multiple-titled" course. The approved course specifications (credit hours, grading) apply to the new title. ~~Not~~ intended for workshops, experimental courses or individual instruction.

Approval: (signatures required)

Department Chairperson \_\_\_\_\_ Date: \_\_\_\_\_

College Dean \_\_\_\_\_ Date: \_\_\_\_\_

Course information:

Course number, title and credit hours:

Proposed new title:

Proposed abbreviated title: \_\_\_\_\_ (15 spaces maximum)

Course description:

Recommend 25 words, but not to exceed 40. Include prerequisites. Course description will not be in printed catalog but will be made available to students on STARS.

Date of first offering:

Western Illinois University, School of Graduate Studies  
1 University Circle, Macomb, IL 61455, Phone 815.298.1806  
E-mail: Grad-Office@wiu.edu

FOR OFFICE OF THE REGISTRAR USE ONLY

\_\_\_\_\_ Confirm approval (CMFU)      \_\_\_\_\_ No repeatability (CMFU)      \_\_\_\_\_ Load description (CDFU)