

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 (e.g. 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 309.298.1806  
E-mail: Grad-Office@wiu.edu

FOR OFFICE OF THE REGISTRAR USE ONLY

\_\_\_\_\_ Confirm approval (CMFU)

\_\_\_\_\_ No repeatability (CMFU)

\_\_\_\_\_ Load description (CDFU)