Western Illinois University School of Graduate Studies  
Request for a Minor Change to a Course

**Department Name:**

Check all that apply:

□ Course number □ Title □ Credit hours (decrease or repeatability)

□ Prerequisite □ Description

**Approvals:**

Department Curriculum  
Committee (if appropriate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_

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

College Curriculum  
Committee (if appropriate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

UCEP (if Teacher Ed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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

Graduate School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

|  | **Current** | **Proposed** |
| --- | --- | --- |
| Course Number\* |  |  |
| Title\* |  |  |
| Abbreviated Title  (15 spaces maximum) |  |  |
| Credit Hours |  |  |
| Prerequisite |  |  |
| Course Description  (40 words maximum) |  |  |

\*Required on all requests

Rationale for change:

Effective date:

Western Illinois University School of Graduate Studies1 University Circle, Macomb, IL 61455-1390, Phone (309)298-1806  
Email: [Grad-Office@wiu.edu](mailto:Grad-Office@wiu.edu)

10-20-23