Western Illinois University School of Graduate Studies
Request to Change a Course Number and/or Prefix

(NOTE: Course numbers should not be reused for a period of five years)

**Department Name:**

**Approvals:**

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

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

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

|  | **Current** | **Proposed** |
| --- | --- | --- |
| Prefix |  |  |
| Course Number(s) |  |  |

Rationale for change:

Effective date:

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10-27-23