

LSC Use Only
Number: _____
Submission Date: _____
Action-Date: _____



UWUCC USE Only
Number: 97-52K
Submission Date: _____
Action-Date: _____

CURRICULUM PROPOSAL COVER SHEET
University-Wide Undergraduate Curriculum Committee

I. CONTACT

Contact Person Dr. B. Gail Wilson Phone 3210

Department Communications Media

II. PROPOSAL TYPE (Check All Appropriate Lines)

COURSE Independent Study
Suggested 20 character title

____ New Course* _____
Course Number and Full Title

____ Course Revision _____
Course Number and Full Title

____ Liberal Studies Approval + _____
for new or existing course Course Number and Full Title

Course Deletion CM 480 Independent Study
Course Number and Full Title

____ Number and/or Title Change _____
Old Number and/or Full Old Title

New Number and/or Full New Title

____ Course or Catalog Description Change _____
Course Number and Full Title

____ **PROGRAM:** _____ Major _____ Minor _____ Track

____ New Program* _____
Program Name

____ Program Revision* _____
Program Name

____ Program Deletion* _____
Program Name

____ Title Change _____
Old Program Name

New Program Name

III. Approvals (signatures and date)

B. Gail Wilson 12/15/97
Department Curriculum Committee

Robert P. Donath 12/15/97
Department Chair

[Signature] 2/17/98
College Curriculum Committee

[Signature] 2/17/98
College Dean

+ Director of Liberal Studies (where applicable)

[Signature] 2/17/98
*Provost (where applicable)