

Date Mailed to ICCB \_\_\_\_\_

Office Use Only

**SHAWNEE COMMUNITY COLLEGE  
NEW COURSE**

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Requested Prefix:</b>	<b>Requested Number:</b>	<b>Title:</b>
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**Prerequisite:** \_\_\_\_\_

**Course Description (as it will appear in catalog) (please attach syllabus):**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Who this course is expected to serve:**  
 \_\_\_\_\_

<b>Credit Hours:</b>
<b>Lecture Hours:</b>
<b>Lab Hours:</b>
<b>Repeatable:</b> Y N
<b>Variable:</b> Y N
<b>Effective Date:</b>
<b>Transfer Credit:</b> Y N

<b>Articulation – Office Use Only</b>			
<u>Sent To:</u>		<u>Returned From:</u>	
Murray	_____	Murray	_____
SEMO	_____	SEMO	_____
SIU-C	_____	SIU-C	_____
SIU-E	_____	SIU-E	_____
Eastern	_____	Eastern	_____
U of I	_____	U of I	_____

**Repeat/Variable Justification:** \_\_\_\_\_

**Rationale (REQUIRED) (please attach data):** \_\_\_\_\_

**Assessment Method:** \_\_\_\_\_

**Method of Delivery (example: ITV, telecourse, face-to-face, on-line):** \_\_\_\_\_  
 (all courses must cover the same content and require the same student competencies and student outcomes)

**Submitted to IAI. Approval Number:** \_\_\_\_\_ **Denied:** \_\_\_\_\_  
 (please note, transfer courses MUST have been submitted to IAI with a response received)

**Approved by:**

**Divisional Chair:** \_\_\_\_\_

Date

**C & I Committee Chair:** \_\_\_\_\_

Date

**Vice President of Instruction:** \_\_\_\_\_

Date