

Regional Campus' Course Proposal & Preference Form

Please enter the semester and year: Spring Summer Fall _____

Name: _____

Department: _____

E-mail: _____

Phone: Office: _____

Home: _____

Cell: _____

Address Office: _____

Home: _____

Please send course-related communications to: ****Required**** Office Home

Proposed course designation(s):

Department: _____

Course Number(s): _____

Course Title(s): _____

If you are proposing a topics course, please attach course description.

Please Note: While we make every attempt to honor preferences, we are not able to fulfill every request for curricula and/or logistical reasons.

Day(s)/Time(s) ranked in order of preference (please circle: 1 = highest preference):

Mon Eve	1	2	3	4	5	6	Avoid
Tues Eve	1	2	3	4	5	6	Avoid
Wed Eve	1	2	3	4	5	6	Avoid
Thurs Eve	1	2	3	4	5	6	Avoid
Sat 9am-12pm	1	2	3	4	5	6	Avoid
Sat 1-4pm	1	2	3	4	5	6	Avoid

_____ Other (please indicate) _____

_____ Online class with these face-to-face meeting dates: _____

Mark face-to-face meetings as mandatory? Yes No

Location ranked in order of preference (please circle: 1 = highest preference):

****Mark at least 3****

NIU-Naperville	1	2	3	4	5	Avoid
NIU-Rockford	1	2	3	4	5	Avoid
NIU-Hoffman Estates	1	2	3	4	5	Avoid
Elgin Community College	1	2	3	4	5	Avoid
Waubensee Community College	1	2	3	4	5	Avoid
Other: _____						

In order to reduce competition, off-campus courses will be scheduled subject to on-campus offerings.

If submitting multiple courses within a single department, please rank this course proposal's priority:

High Medium Low

Approved Denied

Department Chair Signature

Date