

LSC Use Only  
Number: \_\_\_\_\_  
Submission Date: \_\_\_\_\_  
Action-Date: \_\_\_\_\_

UWUCC USE Only  
Number: 96-23  
Submission Date: 3-18-97  
Action-Date: 4-1-97

CURRICULUM PROGRAM REVIEW SHEET

I. CONTACT

Contact Person Jim Cahalan Phone X2262

Department English Email: Jim Cahalan or JCAHALAN

II. PROPOSAL TYPE (Check All Appropriate Lines)

COURSE \_\_\_\_\_  
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