ARTICULATION REQUEST
between

Lewis 

and Western Illinois University

COURSE TITLE: Radio Broadcasting Internship
COURSE PREFIX: COMI
COURSE NUMBER: 358
CREDIT HOURS: 4

Check one: This is

___ a proposed course. Effective date: ____________

___ an established course

___ a revised course. Effective date: ____________

Comments:

-------------------
SENIOR INSTITUTION SECTION (See reverse for instructions).

1. This course applies to requirements in a major area(s).

YES ___ List major(s) and in lieu of what course?

NO ___ Please explain:

2. This course will apply toward general education.

YES ___ Indicate area and in lieu of what course?

NO ___ Please explain:

3. This course is considered elective credit.

YES ___ Indicate area.

NO ___ Please explain.

4. Is this course appropriately classified lower division?

YES ___ NO ___

5. Comments or questions:

RETURN TO: SIGNED:

Transfer Coordinator
DATE: 5/1/93

DH. PETER N. ROBINSON
ASSOCIATE DIRECTOR
COMMUNITY COLLEGE RELATIONS