

New Course Proposal Form

(07/2004)

1. Will this new course affect a current program? If "yes", has a Program Revision Form been submitted concurrently?	Yes Yes	No No
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2. Teaching Department:

3. Administering Faculty/Unit:

6. Responsible Instructor

4. Campus
(Downtown, Macdonald,
Off Campus, Distance
Ed, Other – specify)

5. Effective Term of Implementation
(Ex. Sept. 2004 = 200409)

Term:

7. Course Title (Limit 30 Characters) - required for all courses:

9. Course Title to Appear in the Calendar (optional)
(Limit 59 characters):
Note: This can ONLY be an expansion of word(s) abbreviated in the
30 character course title above.

10. Credit Weight
(or CEU's for non-credit CE courses):

8. Course Number(s)
Indicate course number & the number of terms spanned:
(tick all that apply)

Subject/course number:

Course(s) Span:

- 1 term
- 2 consecutive terms (D1, D2)
- 2 non-consecutive terms (N1, N2)
- 3 consecutive terms (J1, J2, J3)

11. Rationale for new course

12. Course Description
(as it will appear in the Calendar [maximum 50 words]):

14. Schedule Types(s):
 (Enter all that apply – see course guidelines for a complete list.)
 (i.e. Lecture, Labs, Tutorial)

Hours per Week	Hours per Week	Hours per Week
		Total Hours per Week:
		Total Number of Weeks:

15. Projected Enrolment:

16. Required text and/or preliminary reading list sent to library?

Yes No

17. Prerequisite(s) (Courses or Tests)
 Specify course number(s) or name(s) of test(s):

If the student does not have a prerequisite

INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR'S OFFICE

Slot Course: Yes No

CIP Code

CE Admin. Unit :

Thesis Component: Yes No

CE Non-Grant Courses:

Flat Rate: CdnFlat Rate: Yes N/A

23. Approvals:

Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Academic Committee	Faculty	SCTP
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Name

Signature

Date

Departmental
Contact Person
(name/phone/email)