

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
2. Teaching Department:	3. Administering Faculty/Unit:	4. Campus (Downtown, Macdonald, Off Campus, Distance Ed, Other – specify)	5. Effective Term of Implementation (Ex. Sept. 2004 = 200409) Term:
6. Responsible Instructor			
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.	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)		
10. Credit Weight (or CEU's for non-credit CE courses):	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)