

OFFICE OF THE FACULTY COUNCIL

CHANGE TO EXISTING DEGREE or CERTIFICATE PROPOSAL FORM

# Faculty-level Curriculum Committee Submission Deadlines & Details

**Fall Winter 2018-19, Summer 2019 Academic Sessions**

June 1, 2017 Complete proposal package for all proposal types

October 15, 2017 Complete proposal package for New Course proposals and Changes to Existing Courses

Early submissions are welcome and appreciated. Incomplete and late proposals may not be processed in time for the requested academic session.

Proposal packages include the proposal form, a library statement, and consultation form (if applicable).

**New:**  Submit your proposal using the new [online submission form](http://laps.yorku.ca/office-of-the-faculty-council/curriculum-toolkit/).

**NOTE:** A Change to Existing Degree/Certificate proposal is required if a new course is to be coded as a program requirement in the course repository and included in as a Degree Requirement in the official undergraduate Academic Calendar.

Prior to completing this form, proponents are asked to consult Kathryn Doyle, Faculty Curriculum Manager, doyleka@yorku.ca, for definitions of major versus minor modifications.

Completed Submission Deadline: Click here to enter a date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department:**  |  |  | **Contact:** |  |

|  |  |
| --- | --- |
| **Degree/Certificate Title:**  |  |

|  |  |
| --- | --- |
| **Stream (if applicable):**  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Effective Session for Change:** | **Term:** (e.g., Fall; Winter; Summer) |  |  | **Year:**  |  |

|  |
| --- |
| **Minor Change Description: (e.g. what is the change requested, what does this change mean for the degree, certificate, etc.):**  |
|  |

|  |
| --- |
| **Academic Rationale for Change:**  |
|  |

*Please note: the Committee on Curriculum, Curricular Policy and Standards requires that degree or certificate requirements, as listed in the Undergraduate Calendar (*[*click here*](http://www.registrar.yorku.ca/calendars/)*), be included below in their entirety.*

*Please* ***denote additions in bold, blue, underlining, and ~~strikethrough~~ for deletions.***

|  |  |
| --- | --- |
| **Existing Calendar Copy (Change From):** | **Proposed Calendar Copy (Change To):** |
| Example: ~~Delete~~ this text. | Example: **Add** this text. |

|  |
| --- |
| **Program Learning Outcomes:****Addition/ Removal of Courses****Please describe how each course being added or removed will contribute to the program learning outcomes.** *Please note: Proponents are asked to specifically make reference to the Degree-Level Expectations for the program/degree when completing this section.* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number** **and Title** | **Add or Remove****the course from the program?** |  **Is the course Required or Optional?** | **How will this course contribute to the program learning outcomes?**  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |

**Confirmation of Consultation/Approval:**

The Committee on Curriculum, Curricular Policy and Standards will not consider proposals that have not been approved by the Department/School responsible for offering the course.

Please ensure that all fields are filled below, and that appropriate consultation/approval documentation is attached.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Has consultation been completed?** (please check) | [ ]  | **Yes** |  |  |[ ]  **Not applicable** |
| **Is evidence of consultation attached?** (please check) |[ ]  **Yes** |  |  |[ ]  **Not applicable** |

**Departmental Curriculum Approval:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter a date. |
| Name |  | Position |  | Date |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter a date. |
| Name |  | Position |  | Date |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter a date. |
| Name |  | Position |  | Date |