

**CONSULTATION**

**Academic Unit and Curriculum Representative Requesting the Consultation** (consultation should originate through the unit’s Chair/Director, UPD and/or Curriculum Unit-Designate)**:**

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| **Department/School:** |  |

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| **Representative’s Name:** |  |

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| **Representative’s Role:**  (e.g., Chair, UPD, Curriculum Designate, etc.) |  |

**Curriculum Proposal:**

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| **Is the full curriculum proposal being provided for the consultation?** (Yes/No) |  |

***Please provide the following only if the full curriculum proposal is not being attached for the consultation:***

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| **What is the consultation regarding?**  (e.g., cross-listing, course credit exclusion, addition of a course to an existing program/certificate, etc.) |  |

***What course and/or certificate/degree/program is/are involved?***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Faculty:** | AP |  | **Rubric:** |  |  | **Course #:** |  |  | **Weight:** |  |

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

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

***Please briefly describe what is being proposed:***

*e.g. A new cross-listing is being proposed between AP/EN 4009 6.00 (existing course) and AP/CLTR 4009 6.00 (new cross-listing).*

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**DATE:** Click here to enter a date.

**Academic Unit and Representative Being Consulted With** (consultation should originate through the unit’s Chair/Director, UPD and/or Curriculum Unit-Designate)**:**

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| **Department/School:** |  |

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| --- | --- |
| **Representative’s Name:** |  |

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| **Representative’s Role:**  (e.g., Chair, UPD, Curriculum Designate, etc.) |  |

**Curriculum Proposal & Consultation Feedback:**

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| --- | --- |
| **Does your academic unit support the proposed curriculum initiative provided and/or presented above by the proposal’s proponent?** (Yes/No) |  |

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| **Please provide detailed feedback regarding the proposal (as applicable):** |
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