Curriculum Proposal Form

New/Change to Course/Program – Okanagan campus

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| Category**: 1 or 2** |
| Faculty/School: Faculty / School**Dept./Unit:** Unit**Faculty/School Approval Date:** YYYYMMDD**Effective Session:** 20XXW or S | **Date:** YYYYMMDD**Contact Person:** Dr. X**Phone:** 250.807.XXXX**Email:** XXX@ubc.ca |
| Type of Action: [delete other choices]New CourseDiscontinuation of CourseRevision to Calendar DescriptionRevision to VectorsRevision to PrerequisiteNew ProgramNew Course CodeOther: |
| **Rationale:** [explain why type of action is needed (e.g. is the new course filling a gap? Is a new faculty member bringing expertise? Is the course content being updated?); please provide context and rationale as intended audience is from various Faculties]**TEXT**  |
| **Proposed Academic Calendar Entry:**  | **Draft Academic Calendar URL:****URL**[URL from the draft Academic Calendar <http://www.calendar.ubc.ca/okanagan/proof/edit> – **not** the current, posted Academic Calendar. **Note:** URL not required for individual courses.]**Present Academic Calendar Entry:**(Cut and paste from the draft Academic Calendar.)  |