APPENDIX 6: GRADUATE DEGREE PLAN REVISION FACULTY OF ARTS AND SCIENCE/SCHOOL OF GRADUATE STUDIES Curriculum Submission

DEPARTMENT OR PROGRAM:

DEGREE PLAN:				
Submission Contact	Name:			
	Phone #:			
	Email:			
	Date:			
Signature of Departm	ent Head/Program	Director:		
Signature of Coordin	ator of Graduate St	udies:		
Submission to which	n lead Council?	ARTS	SCIENCE	

Degree plan revisions should be submitted whenever a course addition, course deletion or course revision affects the graduate degree program requirements OR whenever a minor change to the current degree program requirements is proposed.

- 1. Description of Change: Indicate the degree plan or SGS Calendar section to be revised.
- 2. Rationale: Provide a detailed justification explaining the proposed change(s).
- 3. <u>Calendar copy</u>: This is the text that will appear in the SGS Calendar. Provide the revised text with revisions **in bold**.
- 4. <u>Timing</u>: Please provide dates when these changes will come into effect. Describe how you will ensure that students who began their plans before this change will be allowed to continue in their plans (grandparenting arrangements).
- 5. <u>Impact (if any) on other departments or programs</u>: If the revised degree plan will have any impact on degree plans offered by other departments or programs, please indicate which plans may be affected by the revision. Please indicate which Graduate Departments or Programs have been contacted.
- 6. <u>Resources</u>: If these changes will affect specific resource requirements in terms of rooms, equipment, computers, TAs, etc., please provide details. Will any new funds be required for these changes? If so, how will these costs be covered? Please include any relevant

correspondence.

FOR OFFICE USE ONLY:		
Date of approval by FASGC:		
Review by Faculty of Arts and Science: _		
Date of approval at GSEC:		