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 Department Head/Program Director: _________________________________

Signature of Coordinator of Graduate Studies: _________________________________

Submission to which lead Council?  ARTS  SCIENCE

Program revisions should be submitted whenever a course addition, course deletion or course revision affects the plan requirements.

PART A: For EACH course revision, COMPLETE SECTIONS 1 through 4:

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. Calendar copy: This is the text that will appear in the SGS Calendar. Provide the revised text with revisions in bold.

4. Timing: 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).

PART B: Comment on the following, as they apply to the revised graduate course. If they do not apply, indicate “not applicable N/A”.

5. Impact (if any) on other departments or programs: If the revised course will have any impact on degree plans offered by other departments or programs, please indicate which plans may be affected by this revised course, i.e., the course could be included in another
plan or the course content might overlap with courses offered by another department or program. Please indicate which Graduate Departments or Programs have been contacted.

6. **Resources:** 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: ____________________________