Appendix 5     School of Graduate Studies

GRADUATE DEGREE PLAN REVISION FOR FACULTY OF ENGINEERING AND APPLIED SCIENCE GRADUATE COUNCIL APPROVAL

GRADUATE DEPARTMENT NAME:

DEGREE PLAN:

Degree Plan 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: If the revised course will have any impact on degree plans offered by other Departments, 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. Please indicate which Graduate Program(s) 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.
Submission Contact  Name:

Phone #:

Email:

Date:

Signature of Department Head/Program Director: _________________________________

Signature of Coordinator of Graduate Studies: _________________________________

EMAIL the completed form and any attachments to the Engineering and Applied Science Graduate Council administrative assistant: wintlet@queensu.ca

FOR OFFICE USE ONLY:

Date of approval by FEASGC: ________________________________________

Date of approval at GSEC: ________________________________________