**Appendix 2**

**School of Graduate Studies REVISING AN EXISTING GRADUATE COURSE, FOR FACULTY OF HEALTH SCIENCES GRADUATE COUNCIL APPROVAL**

**GRADUATE PROGRAM:**

**For EACH course revision, please complete the entire form.**

Insert the EXISTING *Calendar* description in the box below, and delete the example provided.

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MGMT-963* Mathematical Programming This is a seminar designed to permit students to become familiar with the more advanced topics in mathematical programming. Topics covered will include: Kuhn-Tucker theory, non-linear programming, network theory, integer programming, and current topics from the literature.

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Insert the REVISED C*alendar* description in the box below, and delete the example provided.

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MGMT-963* Mathematical Programming This is a seminar designed to permit students to become familiar with the more advanced topics in mathematical programming. Topics covered will include: optimization theory, linear and nonlinear programming, network theory, integer programming, and current research topics from the literature.

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NOTE: ANY change to the current course NUMBER and/or course WEIGHT, are to be treated as course additions and/or deletions, not revisions.

Revisions made to any of the information noted above must be submitted to the FHSGC for approval. Detail your proposed changes under the following headings and provide a rationale for the changes.

1. Title change: Provide the new title along with the reason for this change (eg. title does not reflect content, etc.)

2. Calendar description change: Provide the new description along with the reason for this change. The maximum length for a *Calendar* description is 350 characters. Besides revising the current description itself, other descriptors to change might include a change in format (labs replaced by in class demonstrations; the addition of tutorials; lectures changed to seminars, etc.), or the addition or deletion of an ancillary fee.

3. Prerequisite change: Provide details and reason for the change(s). If this change affects courses listed in other departments or programs, indicate that the other department(s) or program(s) have been notified. If none, omit.

4. Exclusion change: Provide details and reason for the change(s).  If this change affects courses listed in other departments or programs, indicate that the other department(s) or program(s) have been notified. If none, omit.

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

6. Resources: Provide details of changes in specific resource requirements in terms of staffing, rooms, equipment, computers, etc.

7. Program Approval: Provide the date that this course was approved at the program level, if applicable: _____

8. Submission Contact:        Name: _____

                              Internal Phone #:        _____

                              Email: _____

9. EMAIL the completed form and any attachments to the FHSGC Administrative Assistant (copied to FHSGC Chair), on or before the deadline for agenda items for the next Committee meeting.

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FOR OFFICE USE ONLY:

Date of approval by FHSGC: _____

Date of approval at GSEC: _____

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