

## Appendix 4

### Graduate Degree Program Revision Faculty of Health Sciences /School of Graduate Studies Curriculum Submission

**PROGRAM:** Submission Contact: Name: \_\_\_\_\_

Internal Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Department/Program Head: \_\_\_\_\_

Signature of Graduate Coordinator: \_\_\_\_\_

**Program 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 program and/or *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 School of Graduate Studies *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 programs before this change will be allowed to continue in their programs (grandparenting arrangements).
5. Resources: If these changes will affect specific resource requirements in terms of rooms, equipment, computers, TA's, 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.

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.

FOR OFFICE USE ONLY:

Date of approval by FHSGC: \_\_\_\_\_

Date of approval at GSEC: \_\_\_\_\_