

## Program/Major or Minor/Concentration Revision Form

	(07/2004					
1.0 Degree Title Specify the two degrees for concurrent degree programs	2.0 Administering Faculty/Unit					
Specify the two degrees for concurrent degree programs	Graduate & Postdoctoral Studies/Chemistry					
	Offering Faculty/Department					
1.1 Master of Science	Science/Chemistry					
<ul> <li>1.2 Concentration (Legacy = Concentration/Option) If applicable (30 char. max.) </li> <li>Applied (M.Sc.A.); Chemistry (Non-Thesis)</li> <li>1.3 Minor (with Concentration, if applicable) (30 char. max.)</li> <li>1.4 Category </li> <li>Faculty Program (FP) Honours (HON) Major Joint Honours</li></ul>	<ul> <li>3.0 Effective Term of revision or retirement Please give reasons in 5.0 "Rationale" in the case of retirement (Ex. Sept. 2004 = 200409) <u>Retirement</u> Term: 201309</li> <li>4.0 Existing Credit Weight 45</li> <li>5.0 Rationale for revised program</li> <li>The decision to terminate this program was made many years ago, but we were advised to keep it on the books as revising it, should</li> </ul>					
Joint Major Component (HC) Major Concentration (CON) Internship/Co-op	ent (HC) something arise that would fit into the general					
Major Concentration (CON) Internship/Co-op Minor Thesis (T)	non-thesis descriptor, would be much easier					
Minor Minor Concentration (CON) X Non-Thesis (N) surfaced in a decade in that regard.						
Other Please specify						
1.5						
M.Sc. Applied (M.Sc.A.) in Chemistry (Non-Thesis)						
6.0 Revised Program Description (Maximum 150 words)						

7.0 List of existing program and proposed program

Existing program (list courses as follows: Subj Code/Crse Num, Title, Credit weight, under the headings of: Required Courses, Complementary Courses, Elective Courses) Proposed program (list courses as follows: Subj Code/Crse Num, Title, Credit weight, under the headings of: Required Courses, Complementary Courses, Elective Courses)

n/a

Attach extra page(s) as needed

1

8.0 Consultation with Related Units	□ Yes	□ No	Financial Consult	□ Ye	s 🗆 No	
Attach list of consultations						
9. Approvals						
Routing Sequence		Name	Signature		Date	
Department	Bruce Lenno	x, Chair			March 26. 2013	
Curric/Acad Committee						
Faculty 1						
Faculty 2						
Faculty 3						
SCTP						
GS						
APPC						
Senate						
Submitted by						
Name			To be completed by ARR:			
Phone			CIP Code			
Email						
Submission Date						