

## New Program/Major or Minor/Concentration Proposal Form

2013)

		(2013)	
Degree Title     Please specify the two degrees for coprograms		ring Faculty/Unit	
1.1 Major (Legacy= Subject)(30-char. ma	x.) Offering F	Offering Faculty/Department	
1.2 Concentration (Legacy = Concentration If applicable to Majors only (30 char. r		3.0 Effective Term of Implementation (Ex. Sept. 2004 = 200409) Term	
1.3 Minor (with Concentration, if Applicable	le) (30 char. max.)		
4.0 Dationals and Admiraisa Danvironan	to for New Dropped		
4.0 Rationale and Admission Requiremen	its for New Proposal		
5.0 Program Information			
Please check appropriate box(es)	F.O.Catagomi	5.2 Level	
5.1 Program Type	5.2 Category	5.3 Level	
☐ Bachelor's Program	☐ Faculty Program (FP)	Undergraduate	
☐ Master's	☐ Major	☐ Dentistry/Law/Medicine	
☐ M.Sc. (Applied) Program	☐ Joint Major	☐ Continuing Ed (Non-Credit)	
☐ Dual Degree/Concurrent Program	☐ Major Concentration (CON)	☐ Collegial	
☐ Certificate	☐ Minor	☐ Masters & Grad Dips & Certs	
☐ Diploma	☐ Minor Concentration (CON)	☐ Doctorate	
☐ Graduate Certificate	☐ Honours (HON)	☐ Post-Graduate Medicine/Dentistry	
☐ Graduate Diploma	☐ Joint Honours Component (HC)	☐ Graduate Qualifying	
☐ Ph.D. Program	☐ Internship/Co-op	☐ Postdoctoral Fellows	
☐ Doctorate Program	☐ Thesis (T)	5.4 FQRSC (Research) Indicator	
(Other than Ph.D.)	☐ Non-Thesis (N)	(for GPS) Yes No	
□ Drivete Drearem			
☐ Private Program	☐ Other		
☐ Off-Campus Program			
-	☐ Other		
☐ Off-Campus Program	☐ Other		
<ul><li>☐ Off-Campus Program</li><li>☐ Distance Education Program</li></ul>	☐ Other		
<ul><li>☐ Off-Campus Program</li><li>☐ Distance Education Program</li><li>(By Correspondence)</li></ul>	☐ Other		
<ul><li>☐ Off-Campus Program</li><li>☐ Distance Education Program</li><li>(By Correspondence)</li></ul>	☐ Other		
<ul> <li>☐ Off-Campus Program</li> <li>☐ Distance Education Program</li> <li>(By Correspondence)</li> <li>☐ Other (Please specify)</li> </ul>	☐ Other Please specify	n with	
<ul><li>☐ Off-Campus Program</li><li>☐ Distance Education Program</li><li>(By Correspondence)</li></ul>	☐ Other		
<ul> <li>☐ Off-Campus Program</li> <li>☐ Distance Education Program</li> <li>(By Correspondence)</li> <li>☐ Other (Please specify)</li> </ul>	Other Please specify  7.0 Consultation Related Unit	ts Yes 🗌 No 🗎	
<ul> <li>☐ Off-Campus Program</li> <li>☐ Distance Education Program</li> <li>(By Correspondence)</li> <li>☐ Other (Please specify)</li> </ul>	Other Please specify  7.0 Consultation Related Unit Financial Co	ts Yes 🗌 No 🗎	

8.0 Program Description (Maximum 150 words)				
9.0 List of proposed program for the New Program/Major or Minor/Concentration.				
If new concentration (option) of existing Major/Minor (program), please attach a program layout (list of all courses) of existing Major/Minor.				
Proposed program (list courses as follows: Subj Code/Crse Num, Title, Credit weight under the headings of: Required Courses, Complementary Courses, Elective Courses)				

Graduate Artist Diploma (30 credits), continued

Piano

MUPG 670 Advanced Continuo 1 (2); if not already taken

MUPG 671 Advanced Continuo 2 (2); if not already taken

MUPG 687 Collaborative Piano Repertoire 1: Song (1); may be repeated with permission of instructor

 $\hbox{MUPG 688 Collaborative Piano Repertoire 2:} \\$ 

Instrumental (1); may be repeated with permission of instructor

MUPG 689 Collaborative Piano Rep. 3: Orch.

Reduction, Opera, Oratorio (1); may be repeated with permission of instructor

## Chamber Music

MUIN 500 Practical Instruction 1(1); may be repeated once per program

## Organ

MUPG 575D1/D2 Liturgical Organ Playing (3)

MUPG 670 Advanced Continuo 1 (2); if not already taken

MUPG 671 Advanced Continuo 2 (2); if not already taken

## Early Music

MUPG 670 Advanced Continuo 1 (2); if not already taken

MUPG 671 Advanced Continuo 2 (2); if not already taken

10.0 Approvals	To the state of th			
Routing Sequence	Name	Signature	Date	
Department	Stéphane Lemelin	Thane lend	6/15/15	
Curric/Acad Committee	Jacqueline Leclair	9/600	6/16/15	
Faculty 1	Sean Ferguson		6/15/15	
Faculty 2				
Faculty 3				
CGPS				
SCTP				
APC				
Senate				
Submitted by				
Name		To be completed by ARR:		
Phone		CIP Code		
Email				
Submission Date				