



McGill

New Program/Major or Minor/Concentration Proposal Form

(2013)

<p>1.0 Degree Title Please specify the two degrees for concurrent degree programs</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>2.0 Administering Faculty/Unit</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>1.1 Major (Legacy= Subject)(30-char. max.)</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>Offering Faculty/Department</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>1.2 Concentration (Legacy = Concentration/Option) If applicable to Majors only (30 char. max.)</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>3.0 Effective Term of Implementation (Ex. Sept. 2004 = 200409) Term</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>1.3 Minor (with Concentration, if Applicable) (30 char. max.)</p> <input style="width: 100%; height: 20px;" type="text"/>	

4.0 Rationale and Admission Requirements for New Proposal

5.0 Program Information
Please check appropriate box(es)

<p>5.1 Program Type</p> <input type="checkbox"/> Bachelor's Program <input type="checkbox"/> Master's <input type="checkbox"/> M.Sc. (Applied) Program <input type="checkbox"/> Dual Degree/Concurrent Program <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Graduate Certificate <input type="checkbox"/> Graduate Diploma <input type="checkbox"/> Ph.D. Program <input type="checkbox"/> Doctorate Program (Other than Ph.D.) <input type="checkbox"/> Private Program <input type="checkbox"/> Off-Campus Program <input type="checkbox"/> Distance Education Program (By Correspondence) <input type="checkbox"/> Other (Please specify) <input style="width: 100%; height: 20px;" type="text"/>	<p>5.2 Category</p> <input type="checkbox"/> Faculty Program (FP) <input type="checkbox"/> Major <input type="checkbox"/> Joint Major <input type="checkbox"/> Major Concentration (CON) <input type="checkbox"/> Minor <input type="checkbox"/> Minor Concentration (CON) <input type="checkbox"/> Honours (HON) <input type="checkbox"/> Joint Honours Component (HC) <input type="checkbox"/> Internship/Co-op <input type="checkbox"/> Thesis (T) <input type="checkbox"/> Non-Thesis (N) <input type="checkbox"/> Other Please specify <input style="width: 100%; height: 20px;" type="text"/>	<p>5.3 Level</p> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Dentistry/Law/Medicine <input type="checkbox"/> Continuing Ed (Non-Credit) <input type="checkbox"/> Collegial <input type="checkbox"/> Masters & Grad Dips & Certs <input type="checkbox"/> Doctorate <input type="checkbox"/> Post-Graduate Medicine/Dentistry <input type="checkbox"/> Graduate Qualifying <input type="checkbox"/> Postdoctoral Fellows <p>5.4 FQRSC (Research) Indicator (for GPS) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<p>6.0 Total Credits</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>7.0 Consultation with Related Units Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Financial Consult Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attach list of consultations.</p>
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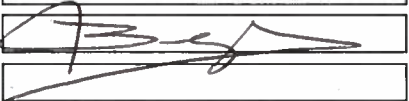
8.0 Program Description (Maximum 150 words)

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)

Attach extra page(s) as needed

10.0 Approvals			
Routing Sequence	Name	Signature	Date
Department	<input type="text"/>	<input type="text"/>	<input type="text"/>
Curric/Acad Committee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty 1	Dean Isabelle Bajewy		March 31, 2016
Faculty 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
CGPS	<input type="text"/>	<input type="text"/>	<input type="text"/>
SCTP	<input type="text"/>	<input type="text"/>	<input type="text"/>
APC	<input type="text"/>	<input type="text"/>	<input type="text"/>
Senate	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submitted by		To be completed by ARR:	
Name	<input type="text"/>	<input type="text"/>	
Phone	<input type="text"/>	CIP Code	<input type="text"/>
Email	<input type="text"/>		
Submission Date	<input type="text"/>		