



Program/Major or Minor/Concentration Revision Form

(07/2004)

1.0 Degree Title

Specify the two degrees for concurrent degree programs

1.1 Major (Legacy= Subject) (30-char. max.)

**1.2 Concentration (Legacy = Concentration/Option)
If applicable (30 char. max.)**

**1.3 Minor (with Concentration, if applicable)
(30 char. max.)**

1.4 Category

- | | |
|--|---|
| <input type="checkbox"/> Faculty Program (FP) | <input type="checkbox"/> Honours (HON) |
| <input type="checkbox"/> Major | <input type="checkbox"/> Joint Honours Component (HC) |
| <input type="checkbox"/> Joint Major | <input type="checkbox"/> Internship/Co-op |
| <input type="checkbox"/> Major Concentration (CON) | <input type="checkbox"/> Thesis (T) |
| <input type="checkbox"/> Minor | <input type="checkbox"/> Non-Thesis (N) |
| <input type="checkbox"/> Minor Concentration (CON) | <input type="checkbox"/> Other |
- Please specify

1.5 Complete Program Title

2.0 Administering Faculty/Unit

Offering Faculty/Department

3.0 Effective Term of revision or retirement
Please give reasons in 5.0 "Rationale" in the case of retirement
(Ex. Sept. 2004 = 200409) Retirement

Term:

4.0 Existing Credit Weight

Proposed Credit Weight

5.0 Rationale for revised program

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)

Attach extra page(s) as needed

8.0 Consultation with
Related Units

Yes No

Financial Consult

Yes No

Attach list of consultations

9. 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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
SCTP	<input type="text"/>	<input type="text"/>	<input type="text"/>
GS	<input type="text"/>	<input type="text"/>	<input type="text"/>
APPC	<input type="text"/>	<input type="text"/>	<input type="text"/>
Senate	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submitted by

Name
Phone
Email
Submission Date

To be completed by ARR:

CIP Code