

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)

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

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Attach extra page(s) as needed

8.0 Consultation with Related Units <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Consult <input type="checkbox"/> Yes <input type="checkbox"/> No
Attach list of consultations	

9. Approvals			
Routing Sequence	Name	Signature	Date
Department	<input type="text" value="Sue Whitesides"/>	<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	<input type="text" value="Marisa Lento"/>	To be completed by ARR:	
Phone	<input type="text" value="00895"/>	CIP Code	
Email	<input type="text" value="Marisa@cs.mcgill.ca"/>	<input type="text"/>	
Submission Date	<input type="text"/>	<input type="text"/>	