



## 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)

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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