Course Change Proposal Form

Schulich School of Business

The following information is required for all course change proposals. To facilitate the review/approval process, please use the headings below (and omit the italicized explanations below each heading). Provide evidence of consultation, where appropriate.

1. **Responsible Program:**

*E.g., Schulich MBA, BBA, iBBA Program*

1. **Responsible Unit:**  
   *Unit responsible for the course, e.g., Faculty Departments (ACTG, FINE).*
2. **Subject Code (Rubric) and Course Number:**

*E.g., MGMT 5150 or ACTG 2010*

1. **Credit Value:**

*E.g., 1.50, 3.00*

1. **Long Course Title:**
2. **Short Course Title:**

*This is the title that will appear on University documents where space is limited, such as transcripts and lecture schedules. The short course title may be a maximum 40 characters, including punctuation and spaces.*

1. **Type of Course Change(s) (indicate all that apply):**

|  |  |
| --- | --- |
|  | in course number |
|  | in credit value **(provide course outline)** |
|  | in course title **(provide course outline; short course titles may be a maximum of 40 characters, including punctuation and spaces)** |
|  | in course description **(provide course outline; short course descriptions may be a maximum of 60 words, written in present tense)** |
|  | in learning objectives/outcomes **(please append the program’s existing learning outcomes as a separate document)** |
|  | in integration **(please provide statement of approval from relevant undergraduate coordinator or Chair)** |
|  | in cross-listing **(please provide statement of approval from other program)** |
|  | in pre/co-requisite |
|  | retire course |
|  | other **(please specify)** |

1. **Effective Term/Calendar Year of Proposed Change(s):**

*Academic term in which the proposed change will take effect. E.g., Winter 2025*

1. **Rationale:**  
   *Please indicate how the proposed change will contribute to the academic objectives of the course/program. Please provide a description of the amended learning outcomes/objectives for the course, if applicable. Additionally, please indicate if the course is presently inactive, active, or retired. Finally, please append the program’s existing learning outcomes as a separate document.*
2. **Proposed Course Information:**  
   *Please insert approved course information on the left, and proposed course information on the right. Please clearly and visibly indicate how course information has been changed using strikethrough (left column), bold, underlining, colours, etc. (right column).*

|  |  |
| --- | --- |
| **Existing Course Information (Change From):** | **Proposed Course Information (Change To):** |
| **Title**  ~~Current text~~ | **Title**  Current and **new text** |

1. **Enrolment Notes:***Is the course limited to a specific group of students; closed to a specific group of students; and/or if there is any additional information necessary for the student to know before enrolling.*
2. **Consultation:**  
   *For changes in integrations and cross-listings, as well as changes to courses that are integrated and/or cross-listed, please provide evidence that appropriate consultation has taken place.*

**Originator:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
|  |  |  |
| Name |  | Area or Specialization |

**Approvals:**

**Area or Specialization**

I have reviewed this change form and I support the proposed changes to the course.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
|  |  |  |
| Name |  | Area or Specialization |

**Degree Program:**

I have reviewed this change form and I support the proposed changes to the course.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
|  |  |  |
| Name of Program Director |  | Program |

**Program Committee:**

This course change has received the approval of the relevant Program Committee.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
|  |  |  |
| Name of Committee Chair |  | Committee |

***Delete This section once form is complete.***

***Required Attachments:***

* *For changes in the number of credits, course title or course description, please attach the Schulich course outline (which must conform to program norms; see the Program Assistant for details).*
* *For cross-listed / integrated courses, please include a signed statement of agreement from the director of the other graduate course / other degree program.*

***Send to:***

*Send an electronic copy of all forms and attachments, and forward emails of support from other faculty members to the appropriate program committee secretary.*