

## College of Graduate and Postdoctoral Studies

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Please specify the type of modification:

- |  |  |
|--|--|
| <input type="checkbox"/> Title Change        | <input type="checkbox"/> Credit Unit Change    |
| <input type="checkbox"/> Number Change       | <input type="checkbox"/> Course Content Change |
| <input type="checkbox"/> Prerequisite Change | <input type="checkbox"/> Other Changes         |

Please specify:

Basic information about the proposed course:

1. Department/Unit: \_\_\_\_\_ College of: \_\_\_\_\_
2. \_\_\_\_\_

\_\_\_\_\_  
(Authorizing Unit Head - PLEASE PRINT)

\_\_\_\_\_  
(Authorizing Unit Head - SIGNATURE)

3. Information required for the calendar (please fill in as applicable):

3.1 Label and number of course: Current: \_\_\_\_\_

Proposed: \_\_\_\_\_

3.2 Title of course: Current: \_\_\_\_\_

Proposed: \_\_\_\_\_

3.3 Total Hours: Lecture: \_\_\_\_\_

Seminar: \_\_\_\_\_

Lab: \_\_\_\_\_

Tutorial: \_\_\_\_\_

Other: \_\_\_\_\_

3.4 Weekly Hours: Lecture: \_\_\_\_\_

Seminar: \_\_\_\_\_

Lab: \_\_\_\_\_

Tutorial: \_\_\_\_\_

Other: \_\_\_\_\_

3.5 Term in which it will be offered: T1  T2  T1 or T2  T1 and T2

3.6 Prerequisite: Current: \_\_\_\_\_

Proposed: \_\_\_\_\_

3.7 Calendar description (not more than 50 words):

Current: \_\_\_\_\_

Proposed: \_\_\_\_\_

4. Rationale for modifying this course:

5. Impact of this course modification:

5.1 Are the programs/courses of other academic units affected by this course modification?

No  Yes (**Please list**):

5.2 Were any other academic units asked to review or comment on the proposal?

No  Yes (**Please attach correspondence**)

This course will conform to the academic requirements and standards for graduate courses, including the rules of *Student Appeals in Academic Matters* (see [www.usask.ca/university\\_secretary/council/reports\\_forms/reports/12-06-99.php](http://www.usask.ca/university_secretary/council/reports_forms/reports/12-06-99.php)) and Academic Integrity and Student Conduct (see [www.usask.ca/university\\_secretary/honesty/](http://www.usask.ca/university_secretary/honesty/)).

**Date of Approval by College (of the home academic unit):**

\_\_\_\_\_  
(Authorizing College Signature (of the home academic unit))

\_\_\_\_\_  
(Name of Person Signing - PLEASE PRINT)