

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) and Academic Integrity and Student Conduct (see 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)