**Recommendation for Change in Graduate Curriculum:  
For Change(s) Involving Courses**

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| **Please read the following notes before completing this form:**  1. This form must be completed for ALL course changes. Sections of this form pertaining to your requested change must be completed.  2. An electronic version of this form (must be MS WORD not PDF) should be emailed to the Assistant Graduate Secretary (cbryce@mcmaster.ca).  3. A representative from the department/program is required to attend the Faculty Curriculum and Policy Committee meeting during which this recommendation for change in graduate curriculum will be discussed. | | | | | | | | | | | | | | |
| **DEPARTMENT** | | | | | |  | | | | | | | | |
| **COURSE TITLE** | | | | | |  | | | | | | | | |
| **COURSE NUMBER** | | | |  | | | | | **COURSE CREDIT** | | | | | |
|  | | | |  | | | | | **6 Unit Course (**   **)** | | | **3 Unit Course (** **)** | **1.5 Unit Course (**   **)** | |
| **REQUISITE(S)**  **(Pre/Co/Anti or program enrollment requirement)** | | | |  | | | | | | | | | | |
| **Nature of Recommendation (Please Check Appropriate Box*)***  **Is this change a result of an IQAP review?  Yes  No** | | | | | | | | | | | | | | |
| **NEW COURSE** |  | | **Date to be Offered (for new courses only):** | | | | | | | | **Was the Proposed Course Offered on Dean’s Approval?**  **If Yes, Provide the Date:** | | | |
| **Will the Course be Cross-listed (combined sections) with another department?** **If Yes, please note which department:**  **Attach to this Form Any Relevant Correspondence with the other department(s). Note: Cross-listing of courses requires written approval from each department and faculty concerned. If you would like to remove a cross-listing you must include a written explanation agreed upon by both departments affected.** | | | | | | | | | | | | | | |
| **CHANGE IN COURSE TITLE** | | | |  | | | **Provide the new Course Title:** | | | | | | | |
| **CHANGE IN COURSE DESCRIPTION** | | | | | | | |  | | **600-LEVEL COURSE (Undergraduate course for graduate credit) Please see #4 on page 2 of this form** | | | |  |
| **COURSE**  **CANCELLATION** | | |  | | **Provide the Reason for Course Cancellation:**  Please note: cross-listed (combined sections) courses can only be cancelled by the department who owns the course. | | | | | | | | | |
| **OTHER CHANGES** | |  | **EXPLAIN:** | | | | | | | | | | | |
| **BRIEF COURSE DESCRIPTION FOR CALENDAR - Provide a brief description *(6 lines)* to be included in the Graduate Calendar.** | | | | | | | | | | | | | | |
| **CONTENT/RATIONALE - Provide a brief description, i.e., outline the topics or major sub-topics, and indicate the principal texts to be used.** | | | | | | | | | | | | | | |

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| 1. **STATEMENT OF PURPOSE (How does the course fit into the department’s program and/or tie to existing Program Learning Outcomes from the program’s IQAP cyclical review (if applicable)?)** |
| **2. EXPECTED ENROLMENT:** |
| **3. DESCRIBE IN DETAIL THE METHOD OF PRESENTATION OF COURSE MATERIAL (i.e., lectures, seminars):** |
| 4. **DESCRIBE IN DETAIL THE METHOD OF EVALUATION (percentage breakdown, if possible): (For 600-level course, indicate the Extra Work to be required of graduate students, i.e., exams, essays, etc. Please also note if a lab or tutorial will be included.)** |
| **5. To prevent overlap, is a course in the same or related area offered in another department? If YES please note below and/or attach to this form any relevant correspondence with the other department(s).** |
| **6. If the course is intended primarily for students outside of your department, do you have the support of the department/program concerned?** |
| **PLEASE PROVIDE THE CONTACT INFORMATION FOR THE RECOMMENDED CHANGE:**  Name:       Email: ­­­­­­­­­­­­­­      Date submitted: |

If you have any questions regarding this form, please contact the Assistant Graduate Secretary, School of Graduate Studies, cbryce@mcmaster.ca.