**Recommendation for Change in Graduate Curriculum – For Change(s) Involving Degree Program Requirements / Procedures / Milestones**

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| **Please read the following notes before completing this form:**  1. This form must be completed for all changes involving degree program requirements/procedures. All sections of this form must be completed.  2. An electronic version of this form (must be in MS WORD not PDF) should be emailed to the Assistant Secretary, School of Graduate Studies (cbryce@mcmaster.ca).  3. A representative from the department is **required to attend** the Faculty Curriculum and Policy Committee meeting during which this recommendation for change in graduate curriculum will be discussed. | | | | | | | | | | |
| **DEPARTMENT** | | |  | | | | | | | |
| **NAME OF PROGRAM and PLAN** | | |  | | | | | | | |
| **DEGREE** |  | | | | | | | | | |
| **NATURE OF RECOMMENDATION *(PLEASE CHECK APPROPRIATE BOX)***  **Is this change a result of an IQAP review?  Yes  No** | | | | | | | | | | |
| **Creation of a New Milestone** | | | | | | | | | | |
| **Change in Admission Requirements** | | | |  | **Change in Comprehensive Examination Procedure** | | |  | **Change in Course/Program Requirements** |  |
| **Change in the Description of a section of the Graduate Calendar** | | | | | |  | **EXPLAIN:** | | | |
| **Other Changes:** |  | **Explain:** | | | | | | | | |
| **Describe the existing requirement/procedure:** | | | | | | | | | | |

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| **Provide a detailed description of the Recommended Change *(Attach additional pages if space is not sufficient.)*** |
| **Rationale for the Recommended Change (How does the requirement fit into the department’s program and/or tie to existing Program Learning Outcomes from the program’s IQAP cyclical review?):** |
| **Provide implementation date: *(Implementation date should be at the beginning of the academic year)*** |
| **Are there any other details of the recommended change that the curriculum and policy committee should be aware of? If yes, please explain:** |
| **Provide a description of the recommended change to be included in the calendar (please include a tracked changes version of the calendar section affected if applicable):** |
| **Contact information for the recommended change:**  Name:       Email:       Date submitted: |

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