GLENDON - CURRICULUM COMMITTEE

**CHANGES TO EXISTING COURSE**

|  |  |  |  |  |  |  |  |
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| **Date of submission:** *(dd/mm/yy)* | |  | | | | | |
| **Department or Program:**  *(e.g. French Studies)* | |  | | | | | |
| **Check change(s)** | | **Current** | | | | **Proposed (specify only the changes)** | |
|  | Course number |  | | | |  | |
|  | Course title |  | | | |  | |
|  | Short Course title |  | | | |  | |
|  | Prerequisite(s) |  | | | |  | |
|  | Corequisite(s) |  | | | |  | |
|  | GL Cross-listing(s) | GL/ | | | | GL/ | |
|  | Non-GL Cross-listing(s) | AP/ES/FA/HH/SC/ | | | | AP/ES/FA/HH/SC/ | |
|  | Course credit exclusion(s) | GL/AP/ES/FA/HH/SC/ | | | | GL/AP/ES/FA/HH/SC/ | |
|  | Integrated course | GS/ | | | | GS/ | |
|  | Gen. Education status |  | | | |  | |
|  | Re-activate course |  | | | |  | |
|  | De-activate course |  | | | |  | |
|  | Language of instruction |  | | | |  | |
|  | Course specific category |  | | | |  | |
|  | Course description  (40 words max.) *Verbs should be in the present tense (i.e., "This course analyzes the nature and extent of...," rather than "This course will analyze...")* |  | | | |  | |
| **Is this course required for the major/minor in the program, and/or in other programs?**  YES  NO | | | | | | | |
| **Brief course outline**: *Please indicate minor changes to the actual course outline* ***in bold letters*** *or use a separate sheet for more substantial modifications. The brief course outline should include the following elements : (1) Indicate how the course design supports students in achieving the learning objectives; (2) the evaluation scheme; (3) and, if the course is integrated, indicate additional requirements for graduate students.* | | | | | | | |
|  | | | | | | | |
| **Department/Program approval for the course:** | | | | | | | |
| *Department/Program* | | | *Name* | | *Signature* | | *Date* |
|  | | |  | |  | |  |
| **Department/ Program approval for Cross-listings/Course Credit Exclusions:** | | | | | | | |
| *Faculty & Department/Program* | | | *Name* | | *Signature* | | *Date* |
|  | | |  | |  | |  |
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| **Attached with submission:** | | |  | Department Overview **(*Compulsory*)** | | | |