



Instructions: This form is to be used for changes in **existing** courses only. The information on this form will be used in the course approval process, ROSI set-up and for the on-line course listing. The form **MUST** be completed using the fillable PDF function. Drop-down menus give current options and free-form options have character limitations relating to the use of the information. An up-dated/revised syllabus **must** be attached for all requests.

REQUEST:

| | |
|--|---|
| <input type="checkbox"/> Re-approval of course not offered with the last 5 years <input type="checkbox"/> Change/Addition in Level (e.g. 3000 → 6000) <input type="checkbox"/> Change in Delivery Mode (e.g. classroom → Online) <input type="checkbox"/> Change in Learning Outcomes | <input type="checkbox"/> Change of Title <input type="checkbox"/> Change in Weight (e.g. H → Y) <input type="checkbox"/> Cross-Listing <input type="checkbox"/> Major Syllabus Change ≥ 20% (e.g. significant change in methods of evaluation or bibliography) |
| The session the Change/Re-Activation is to be effect from : | |

EXISTING INFORMATION:

| | |
|--|--------------------------------------|
| Existing Course Calendar Title: | |
| Is this course currently cross-listed? | |
| Last Offered: | Is this currently an on-line course? |
| Course Number: | Is this course currently 3000/6000? |

DETAILS OF REQUEST:

| | |
|---|--|
| New Level: <input type="checkbox"/> Change <input type="checkbox"/> Addition | Delivery Mode: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| Change in Weight: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| Cross Listing: | |
| New Course Calendar Title: | |

UPDATE OF INFORMATION:

Course Narrative: NOTE: This must be included and should be between 100-300 words. It should not include teaching methods or means of evaluation (see sections below).

Instructor(s): NOTES: (i) Instructor's must have TST status and the name should be listed below as it shows on the TST website. (ii) Instructors for 5000 and 6000 level courses must have GCTS (AD) Status prior to the approved course being listed on the course offerings. (iii) Approval of Regular, Sessional other Faculty should follow the current TST process as approved by Academic Council.

1. _____ 2. _____

Teaching Methods: Lectures Seminar Workshop Tutorial Practicum
 Webinar Readings Other:

Means of Evaluation: Class Participation Reflection Paper Research Paper Quizzes Book Review
 Summative Paper Short Paper Other:

Pre-requisite(s): Course Codes(s): _____ Other: _____

Program Requirement: Please list here any information relating to this course meeting requirements for a specific degree or professional designation, e.g. CRPO.

Existing Course Calendar Title: _____

ENROLMENT AND SCHEDULING INFORMATION:

Location: _____ Enrolment: Min: _____ Max: _____

How many hours per week is this course? _____ Start Time: _____ End Time: _____

Proposed Schedule: TBA Monday Wednesday Friday Sunday
(May change from year to year). Online Tuesday Thursday Saturday Irregular
Irregular: _____ Start Date: _____ End Date: _____

Schedule Notes: Please indicate any additional information relating that should be included in the web course listing e.g. location of off-campus site, additional, irregular schedule hours if there is not enough room above etc.

Enrolment Notes: Please indicate any additional relating to students enrolling in the course such as limited to a specific group of student (by college or program), professor approval required, additional steps for enrolment etc.

Additional Notes: Please indicate any additional teaching methods or evaluation methods not covered above or other information not included in other sections.

SIGNATURES:

Instructor's Signature: _____ Date: _____
College Signature: _____ Date: _____

CURRICULUM COMMITTEE NOTES:

Comments on reasons for deferral or decline:

APPROVALS:

| | | |
|---|---------------------------------------|-------------|
| 1000, 2000 & 3000 Levels: Approved / Declined | Curriculum Committee Signature: _____ | Date: _____ |
| 5000 & 6000 levels: Approved / Declined | Curriculum Committee Signature: _____ | Date: _____ |

TST Office Use:
Date Received from College: _____ Deferral Deadline: _____
Faculty Approval Required: Yes / No Date of Course Code Request: _____
Date of Curriculum Committee Meeting: _____ Date of Web-Posting: _____