



Instructions: Form is to be used for **NEW** 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. A draft/proposed syllabus **must** be submitted along with the completed form.

BASIC INFORMATION:

College:	Start Session:	Level:						
Course Calendar Title:								
Subject Area:	Cross-listing:							
Requested Course Number: <small>See TST Course Numbering Guide</small>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; background-color: #cccccc;"></td> <td style="width: 20px; height: 20px; background-color: #cccccc;"></td> </tr> </table>							Weight:
		Online:						

COURSE DETAILS:

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:	<input type="checkbox"/> Lectures	<input type="checkbox"/> Seminar	<input type="checkbox"/> Workshop	<input type="checkbox"/> Tutorial	<input type="checkbox"/> Practicum
	<input type="checkbox"/> Webinar	<input type="checkbox"/> Readings	<input type="checkbox"/> Other:		
Means of Evaluation:	<input type="checkbox"/> Class Participation	<input type="checkbox"/> Reflection Paper	<input type="checkbox"/> Research Paper	<input type="checkbox"/> Quizzes	<input type="checkbox"/> Book Review
	<input type="checkbox"/> Summative Paper	<input type="checkbox"/> Short Paper	<input type="checkbox"/> 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.

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: (May change from year to year).	<input type="checkbox"/> TBA	<input type="checkbox"/> Monday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Friday	<input type="checkbox"/> Sunday
	<input type="checkbox"/> Online	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Saturday	<input type="checkbox"/> 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: _____