



Instructions: A new course is considered a minor modification under the UTQAP process. This 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. Please do not use all uppercase characters when completing the form. Drop-down menus give current options and free-from 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:	Proposed Start Session:	Level:						
Course Calendar Title: (colons and slashes cannot be used)								
Subject Area:	Cross-listing:							
Requested Course Number: See TST Course Numbering Guide	<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;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>							Weight:
		Delivery:						
Contact Hours: Based on the course being offered in a regular semester (Fall or Winter) how many hours per week?								

INSTRUCTOR(S):

Instructor's must have TST status; approval of Regular, Adjunct, Sessional other Faculty/Instructors should follow the current TST process as approved by Academic Council. Instructors for 5000 and 6000 level courses must have GCTS Status prior to the approved course being listed on the course offerings. The name should be listed as last name, first name and any initials as recorded on the TST website. If this course is to be co-taught by instructors who are not from the same college proposing the course please indicate the instructor's home institution.

Last Name:	First Name:	College:
Last Name:	First Name:	College:

RATIONALE AND ACADEMIC RELEVANCE:

Please provide the rationale and academic relevance for the proposal of this course:
Please indicate any overlap of this course content with current courses offered by your college and/or other TST Colleges:

COURSE DETAILS:

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:

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

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:		

ENROLMENT AND SCHEDULING INFORMATION:

Location:	Enrolment:	Min:	Max:		
Proposed Schedule: (May change from year to year. For irregular please list in Schedule Notes below).	<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
		Start Time:	End Time:		
For courses scheduled for the Summer Semester:		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.					

Course Calendar Title: _____

TUITION COMPLIANCE:

Are field trips and/or placements on part of this course? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes please answer the following:
What is the anticipated cost? (The amount should be the total cost and should be indicated even if it is anticipated that funding will be provided.) \$ _____
What is covered by this amount? e.g. travel by public transit, accommodation, admission fee to museums, etc. _____
Has this cost been included in the annual ancillary and incidental fee approval process? <input type="checkbox"/> No <input type="checkbox"/> Yes (If you do not know, please contact your college registrar)

SIGNATURES:

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

CURRICULUM COMMITTEE NOTES:

Comments on reasons for deferral or decline:

Missing Information: _____

Outcomes Not Measurable/Demonstrable _____

Issue(s) with course evaluation: _____

Other: _____

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: _____
Ancillary & Incidental Fees Approved Yes / No	REB Approval Required: Yes / No