# COURSE CHANGE TEMPLATE

*For new courses see New Course Template*

*Changes to courses must be entered into Curriculog prior to Faculty Council. Please use this template to provide the information to your Curriculog contact. If you are uncertain about a change or definitions of terms used on this form, please reach out to your Curriculog contact, or* *ciqe@ontariotechu.ca**.*

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| **Faculty:**  |
| **Course Level** | **[ ]  Undergraduate [ ]  Graduate** |

**COURSE CHANGES (check all that apply)**

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| --- | --- | --- | --- |
| [ ]  | Contact hours  | [ ]  | Cross-listings |
| [ ]  | Co-requisites | [ ]  | Experiential Learning |
| [ ]  | Course description | [ ]  | Grade Mode (N – alpha grade, P – Pass/Fail) |
| [ ]  | Course Instructional Method (CLS, HYB, WB1, WEB) | [ ]  | Learning outcomes |
| [ ]  | Course number or course Subject code | [ ]  | Prerequisites |
| [ ]  | Course title (include new short form title) | [ ]  | Delete course from Academic Calendar |
| [ ]  | Credit restrictions and/or Equivalencies | [ ]  | Teaching and assessment methods |
| [ ]  | Credit weighting  | [ ]  |  Course restrictions |
| [ ]  | Deleting an Elective Shown in the Program Map | [ ]  |  Other (please specify): |

**IS THIS COURSE CHANGE ASSOCIATED WITH A PROGRAM PROPOSAL? [ ]  Yes [ ]  No**

**REASON FOR CHANGE AND WAYS IN WHICH IT MAINTAINS/ENHANCES COURSE/PROGRAM OBJECTIVES**

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**FINANCIAL IMPLICATIONS**

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**CALENDAR START DATE (When the course should first appear in the Academic Calendar e.g. 2020-2021)**

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**REGISTRATION START DATE (The first time the course will be open for registration e.g. Fall 2020)**

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**ADDITIONAL SUPPORTING INFORMATION (optional; please indicate if you are attaching any additional documentation)**

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**COURSE INFORMATION**

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| **Subject Code:**  | **Course Number:** |
| **Full Course Title:** |
| **Short-Form Course Title (max. 30 characters):** |

**CHANGE TO CALENDAR DESCRIPTION (if required)**

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| **Current**  | **Proposed** |
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**CHANGE TO CREDIT AND CONTACT HOURS [if applicable, indicate changes to total contact hours only; changes to frequency (e.g. 1x3 hours to 2X1.5 hours) not required]:**

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| Credit Hours |
| Lecture | Lab |
| Tutorial | Other |

**OTHER CHANGES (if applicable)**

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| **Cross-listings** |  |
| **Prerequisites for Calendar and Banner** |  |
| **Co-requisites** |  |
| **Prerequisites with concurrency (pre or co-requisite)** |  |
| **Credit restrictions** |  **[ ]  Equivalency\*** |
| **Recommended Prerequisites** |  |
| **Course Restrictions** |  |
| **Course Type** | **[ ]  Core** **[ ]  Elective [ ]  Core or Elective** |
| **Grading scheme** | **[ ]  N (normal alpha grade)** **[ ]  P (pass/fail)** |

**\*Equivalency:** Two courses are similar enough in content that they are considered equivalent so students can register in either course but they will only receive credit for one course in their program.

**CHANGES TO COURSE INSTRUCTIONAL METHOD (if applicable):**

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| --- | --- | --- | --- |
| CLS (In Class Delivery) |  | HYB (In Class and Online Delivery) |  |
| IND (Individual Studies) |  | OFF (Off Site) |  |
| WB1 (Virtual Meet Time – Synchronous) |  | WEB (Fully Online – Asynchronous) |  |
| Not Applicable |

**CHANGES TO TEACHING AND ASSESSMENT METHODS (if applicable)**

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**CHANGES TO LEARNING OUTCOMES (if applicable; for assistance developing course learning outcomes, please refer to the Teaching and Learning** [**website**](https://tlc.uoit.ca/services/teaching-support/instructional-design/learning-outcomes.php)**, or contact them at** **teachingandlearning@ontariotechu.ca****.)**

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**DOES THIS COURSE CONTAIN ANY EXPERIENTIAL LEARNING COMPONENTS?**

**If yes:**

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| Case Study |  | Simulated Workplace Project |  |
| Consulting project/workplace project |  | Applied Research |  |
| Field Experiences |  |  |
| Other Types of Experiences: |

**IMPACT AND CONSULTATION

(Curriculog contact to complete an Impact Report)

DOES THIS COURSE CHANGE IMPACT BOTH THE UNDERGRADUATE AND GRADUATE CALENDARS? [ ]  Yes [ ]  No**

**WHAT CONSIDERATIONS HAVE BEEN MADE FOR EQUITY, DIVERSITY, INCLUSION AND DECOLONIZATION?\***

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For more information and guidance on incorporating equity, diversity and inclusion principles in curricula, please visit the [Diversity, Inclusion and Belonging resource section](https://sites.ontariotechu.ca/ciqe/resources/diversity-inclusion-and-belonging.php) of the CIQE website.

**CONSULTATION**Consultation is central to governance at Ontario Tech. Faculties are required to consult with all areas impacted by this change, and the home faculty dean is responsible for all consultation decisions in this section of the form. Note that any false statements related to consultation may require re-submission of proposals. **FACULTY CONSULTATION

WILL THIS CHANGE IMPACT ANY OTHER FACULTIES? SOME EXAMPLES MAY INCLUDE, BUT ARE NOT LIMITED TO, THE SCENARIOS LISTED BELOW.\***

 **[ ]  Yes [ ]  No

Examples:**

* *A course from another faculty is being added or removed from the program map.*
* *Changes to joint and/or service programs (e.g., 'and Management' programs, targeted minors).*
* *Changes to year of offering for courses from another faculty (e.g., moving a course from Year 1 to Year 2).*

Additional examples can be found in the [Resources section](https://sites.ontariotechu.ca/ciqe/resources/index.php) of the CIQE website.

 **IF YOU ANSWERED YES TO THE QUESTION ABOVE, PLEASE EXPLAIN AND OUTLINE THE CONSULTATION PROCESS IN DETAIL. ATTACH RELEVANT DOCUMENTS (EMAILS, FACULTY COUNCIL MINUTES, ETC.) OR INCLUDE LINKS TO CORRESPONDING DOCUMENTS.\***

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 **INDIGENOUS CONTENT AND CONSULTATION**

**DOES THIS COURSE CONTAIN ANY INDIGENOUS CONTENT? [ ]  Yes [ ]  No [ ]  Unsure**

For more information on how Indigenous content is defined at Ontario Tech University and how to consult with the Indigenous Education Advisory Circle (IEAC), please refer to the [Protocol for Consultation with the Indigenous Education Advisory Circle.](https://wisc.uoit.ca/workspaces/AssociateProvost/ciqe/QEprocesses/Documents/Protocol%20for%20Consultation%20with%20the%20Indigenous%20Education%20Advisory%20Circle.pdf)

**HAS THE IEAC BEEN CONTACTED? [ ]  Yes [ ]  No**

**If yes, when?**

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**WHAT WAS THE ADVICE YOU RECEIVED FROM THE IEAC, AND HOW HAS IT BEEN INCLUDED IN YOUR PROPOSAL? Please attach or provide links to documents that outline the consultation process and advice given.**

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**DID THE IEAC ASK YOU TO RETURN THE PROPOSAL TO THEM FOR REVIEW? [ ]  Yes [ ]  No [ ]  N/A**

**IF YES, HAVE THEY COMPLETED THEIR REVIEW? [ ]  Yes [ ]  No [ ]  N/A**

**OTHER CONSULTATION

HAVE YOU CONSULTED WITH STUDENTS, THE SCHOOL OF GRADUATE AND POSTDOCTORAL STUDIES, OFFICE OF THE REGISTRAR, STUDENT LIFE, THE LIBRARY AND/OR ANY OTHER AREAS ON CAMPUS THAT MAY BE IMPACTED?\*

[ ]  Yes [ ]  No**

**If yes, please explain and outline the consultation process in detail.\***

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 **Does this change involve co-op?\*

[ ]  Yes [ ]  No

If yes, please acknowledge that you have consulted with Lindsay Coolidge, Director, External Relations and Partnerships by checking the box below.

[ ]** Yes, we have consulted

 **Pre-Faculty Council Approval Dates (e.g. Curriculum Committee, Program Committee):**