**Major Program Modification**

[For program closures, removal of components (e.g. specializations), and for new pathways, please note that there are specific Word templates; please use the correct Word template in those cases. Curriculog contacts should reach out to CIQE if they are unclear which form to use on Curriculog to capture the information.]

*Changes to programs must be entered into Curriculog prior to Faculty Council. Please use this template to provide the information to your Curriculog contact.*

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| **Faculty**:  |
| **Undergraduate**: ☐ | **Graduate**: ☐ |

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| **Major Program Modification type\*** |
| **Undergraduate** | **Graduate** |
| **☐ Change to name of minor** | **☐ Change to name of field** |
| **☐ Change to name of program** | **☐ Change to name of program** |
| **☐ Change to name of specialization** | **☐ New field** |
| **☐ New minor** | **☐New Type 1 Graduate Diploma** |
| **☐ New pathway** | **☐ Other** |
| **☐New specialization** |  |
| **☐Other** |  |

 **Summary of the proposed change(s):** (Provide a brief point by point summary of the change)

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**Is there a change to total credit hours in the program? ☐ Yes ☐ No

Is a new course associated with this proposal? ☐ Yes ☐ No**

**List new courses, if applicable:**

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**Calendar Start Date:** (Date first included in the Academic Calendar)

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**Registration Start Date:** (Date students will begin following the new requirements)

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**Are you providing any additional supporting documents? ☐ Yes ☐ No**

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| **Program Name**:  |
| **Program and Degree Type** [e.g. Bachelor of Arts (Honours)]:  |

**Program Description (taken from Calendar):** (Please highlight changes, if any)

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**Calendar Copy, including Admission Requirements and Program Map:** [Please copy and paste the sections of the Calendar you are changing and/or add new Calendar content as it will appear in the Calendar. Highlight changes to existing content and new content. If you are changing internal program maps (e.g. charts used in Academic Advising) you may include them as an attachment, if you wish.]

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**Program structure:** [Describe any experiential or other applied learning opportunities that are part of the program component.]

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**Program learning outcomes:** [If you do not have a recent version of your program’s learning outcomes and alignment with the Degree Level Expectations, or would like to make a modification to them, please contact ciqe@uoit.ca.]

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**Brief background on the existing program:**

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**Rationale for the modification:** (How will this change enhance the program and/or opportunities for students and graduates? How did you determine this change was needed (e.g. program review, student feedback, changes to the discipline)

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**Fit with the mission, mandate, strategic plans of the University, and the broader array of program offerings** (evidence of fit, particularly areas of teaching and research strengths and complementary areas of study)**:**

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**RESOURCE REQUIREMENTS**

**Faculty members:**

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 **Additional academic and non-academic human resources:**

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 **Physical resource requirements:**

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**Statement of funding requirements**: A summary statement of the funding required to support the modification, including projected enrolments, start-up and continuing costs, if applicable. For Graduate programs, note any student support funding requirements)**:**

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**Statement of resource/funding availability:** Statements attesting to the adequacy of resources to support the modification from Deans who may have faculty members involved in or are contributing resources, the Registrar or the Dean of Graduate Studies, the Chief Librarian and the Provost).

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**TRANSITION AND COMMUNICATION PLAN

Transition Plan for both new and current students:** Semester (e.g., Fall 2025) for the implementation of the proposed changes; include a plan for all current students in the program, by year level. If this change impacts students that are not new and/or 1st year students as of the start date, then a transition plan is required. Please remember to consider off-map students.

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**Communication plan for both new and current students\*** Please explain how the current students will be made aware of this change (e.g., Who will be responsible for notifying students? How? Is Academic Advising aware?). Please remember to consider off-map students. **CONVERTING TO ONLINE OPTIONS

Does this proposal contain any intended conversion of program components to online options? If yes, please complete the remaining items below\*

☐ Yes ☐ No**

**Adequacy of technological platform:** Describe the adequacy of the technological platform to be used for online delivery.

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**Maintenance of and/or changes to the quality of education:** Describe how the quality of education will be maintained and/or changed when moving to online delivery.

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**Maintenance of and/or changes to program objectives:** Describe how the current program objectives will be maintained and/or changed when moving to online delivery.

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**Maintenance of and/or changes to program-level learning outcomes:** Describe how the current program-level learning outcomes will be maintained and/or changed when moving to online delivery.

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**Sufficiency of support services and training for teaching staff:** Describe the support services and training for teaching staff that will be made available when moving to online delivery.

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**Sufficiency and type of support for students in the new learning environment:** Describe the sufficiency and type of supports that will be available to students when moving to online delivery.

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**Other:** (Additional supporting information, if applicable)

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 **IMPACT AND 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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 **STUDENT CONSULTATION

HOW HAVE CURRENT OR PROSPECTIVE STUDENTS BEEN CONSULTED ABOUT THIS CHANGE? (E.G., INFORMAL CONVERSATIONS, ATTENDANCE AT MEETINGS, SURVEY, INDIRECTLY THROUGH ACADEMIC ADVISING). PLEASE PROVIDE DETAILS BELOW. \***

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 **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.

 **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):**