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| Letterhead-dark.png | **Form A5**  **New Credit Course** |

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| **Course Code:**  *(Requires Registrar’s Approval)* | | | | | | | **Course Number:**  *(Requires Registrar’s Approval)* | | | | | | | | | | | | | | | | | **Number of Credits:** | | | | | | |
| **Course Title:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Implementation Semester:** **Fall**  **Winter**  **Spring** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School:** | | | | | | | | | | | | | | **Contact Person:** | | | | | | | | | | | | | | | | |
| **School Chair:** | | | | | | | | | | | | | | **Date:** | | | | | | | | | | | | | | | | |
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| **Rationale for Proposal:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Calendar Description** *(Note: this will appear in print and on the web):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Detailed Course Content, Topics and Sequence Covered:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Learning Outcomes:** At the completion of this course students will be able to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **registration restrictions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pre-requisites *(please list)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Co-requisites *(please list)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is registration in this course restricted to students in a career program? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If restricted, please indicate the programs that will be permitted to register in this course:  **Program(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Course Equivalency:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this course replacing a current course?: Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, can students get credit for both the proposed course and the replaced course Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, what other courses or programs will be impacted by this change? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is this course being submitted for articulation with BC Transfer Guide:** Yes  No  To facilitate the articulation of this course to other BC Institutions, it is imperative that departments review the course offerings of **SFU**, **UVic**, **UBC**, and **UNBC** to determine if there are courses at these institutions that might seem to be equivalent. Course descriptions are available on the institutions’ websites. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Suggest Course / Institution Equivalency:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SFU Course:** | |  | | |  | | | | **UBC Course:** | | | | | | | |  | | | | | |  | **UNBC Course:** | | | |  | | |
| **UVic Course:** | |  | | |  | | | | **UBCO Course:** | | | | | | | |  | | | | | |  | **Other** (*specify)*: | | | |  | | |
| **TRU Course:** | |  | | |  | | | |  | | | | | | | |  | | | | | |  |  | | | |  | | |
| **Other pertinent information relevant to transfer:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **course structure:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This course is offered ***only*** online Yes  No | | | | | | | | | | | | | | | | | If yes, indicate online or tutor interaction hours: | | | | | | | | | | | | | |
| Breakdown of **weekly** contact / instruction hours: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Breakdown** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Duration** | | | |
| Lecture, face-to-face, instructor-led courses (e.g. readings, assignments, evaluation activities) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Lab, lab-based hours (e.g. UT science, forestry field labs) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Independent workplace-based learning (e.g. co-op, preceptorship) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Supervised workplace-based learning (e.g. clinical, practicum, preceptorship, co-op) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Learning in shop or studio environment (e.g. trades programs, studio arts) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Learning enrichment activities (e.g. writing centre, learning assistance) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Other Contact Hours ***Specify****:* | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Seminar | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Online / Distance | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Total hours **per week** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Total hours **per semester** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **tEXTS AND reSOURCE mATERIALS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Required** | **Author Surname, Initials** | | | | | **Title** | | | | | | | | | | | | **Current Edition** | | | **Place of Publication** | | | | | **Published** | | | | **Chapter(s) Covered** |
| Yes  No |  | | | | |  | | | | | | | | | | | | Yes  No | | |  | | | | |  | | | |  |
| Yes  No |  | | | | |  | | | | | | | | | | | | Yes  No | | |  | | | | |  | | | |  |
| Yes  No |  | | | | |  | | | | | | | | | | | | Yes  No | | |  | | | | |  | | | |  |
| Yes  No |  | | | | |  | | | | | | | | | | | | Yes  No | | |  | | | | |  | | | |  |
| Yes  No |  | | | | |  | | | | | | | | | | | | Yes  No | | |  | | | | |  | | | |  |
| Yes  No |  | | | | |  | | | | | | | | | | | | Yes  No | | |  | | | | |  | | | |  |
| Are there any other technology requirements? If yes, please indicate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EVALUATION METHODS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UA & S Course: Yes  No | | | | | | | | | | | Specify Passing Grade: | | | | | | | | | | | | | | | | | | | |
| **Typical Activities and Weighting (in %)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Final Exam | | | % | Assignments | | | | | | | | % | | | | | | | Portfolio | | | % | | | Practicum | | | | % | |
| Midterm Exam | | | % | Lab Work | | | | | | | | % | | | | | | | Project | | | % | | | Other | | | | % | |
| Quizzes/Tests | | | % | Field Experience | | | | | | | | % | | | | | | | Participation | | | % | | | **Total must equal 100%** | | | | | |
| Specify # of Assignments (*if applicable*): | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Specify Nature of Participation (*if applicable*): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Number of and the Variety and Nature of Writing  Assignments: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Typical Proportion of individual Work and Group Work: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Individual Work:*** | | | % | | | | | | | | | | ***Group Work:*** | | | | | | | % | | | | | | | | | | |
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| **Space requirements:** | | | | | | | |
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| Will this course result in increased demand by the department for classroom space during primetime hours (0800-1600) hours: | | | | | | | |
| Yes  No | | | | | | | |
| Is dedicated classroom space required? | | | | | | | |
| Yes  No  If other, specify: | | | | | | | |
|  | | | | | | | |
| **Consultations:** *Other Departments affected by this proposal: Have they been consulted?* Yes  No | | | | | | | |
| School Chair: | |  |  | Date: | |  | |
| School Chair: | |  |  | Date: | |  | |
| School Chair: | |  |  | Date: | |  | |
|  | | | | | | | |
| **Approvals** | | | | | | | |
|  | | | |  | |  |
| ***School Chair*** | | | |  | | ***Date*** |
|  | | | |  | |  |
| ***Dean of Instruction*** | | | |  | | ***Date*** |
|  | | | |  | |  |
| ***Registrar*** | | | |  | | ***Date*** |
|  | | | |  | |  |
| ***Curriculum Committee Chair*** | | | |  | | ***Date*** |
| ***EdCo Chair*** | | | |  | | ***Date*** |
| **Approval COPIED AND FORWARDED TO:** | | | | | | | |
|  | | | | | | | |
| Counselling Department  Curriculum Committee  Registrar’s Office  Admissions and Standards Committee | | | | | | | |
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