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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:**       |
|  |
| **Rationale for Proposal:** |
|       |
| **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:** |
|  |
| **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:  |       |
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| **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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