|  |  |
| --- | --- |
| Letterhead-dark.png | **Form A1**  **New Program Proposal**  **Part I** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Name:** | | | |
| **Implementation Semester:** **Fall**  **Winter**  **Spring**  **Year** | | **Type of Credential to be Awarded:** | |
| **School:** | | **Contact Person:** | |
| **School Chair:** | | **Date:** | |
| **Rationale for Proposal:** | | | |
| How does this proposal fit with the College Strategic Plan? | | | |
| Describe in a short and succinct paragraph the overall purpose of this program. | | | |
| Target Student Population - What kind of students are most likely to be attracted to this program? | | | |
| Labour Market information – What makes you believe there is demand for this program? | | | |
| **Transition Plan** *(complete* ***only if*** *the proposed program is replacing a current program being discontinued):* | | | |
| Which program is the proposed program replacing? | | | |
| Do you want students currently in the discontinued program to be able to graduate from the proposed program providing they have met all of the new program requirements? Yes  No | | | |
| If **yes**, are course substitutions and exemptions allowed? Yes  No | | | |
| If **yes**, specify which ones: | | | |
| **Financial Requirements:** | | | |
| What resources will be needed to develop and implement this program? | | | |
| **Approval in Principle:** | | | |
|  |  | |  |
| ***School Chair*** |  | | ***Date*** |
|  |  | |  |
| ***Dean of Instruction*** |  | | ***Date*** |
|  |  | |  |
| ***VP ASD*** |  | | ***Date*** |
|  |  | |  |
| ***EdCo Chair*** |  | | ***Date*** |
| **Approval IN PRINCIPLE COPIED AND FORWARDED TO:** | | | |
|  | | | |
| Curriculum Committee  Admission and Standards Committee  Registrar’s Office | | | |

**Part II**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Details (use Calendar as template):** | | | | |
|  | | | | |
| General Information/ Introduction | |  | | |
| Admission Requirements | |  | | |
| Total Program Credits | |  | | |
| Curriculum | |  | | |
| Additional Requirements or Restrictions | |  | | |
| Notes | |  | | |
| Type of Credential to be Awarded | |  | | |
|  | | | | |
| **Implementation Information:** | | | | |
| Intake Semester(s):Fall  Winter  Spring | | | | |
| **Space Requirements:** | | | | |
| Utilizes existing course? Yes  No | | | | |
| New course development required? Yes  No | | | | |
| **Approvals:** | | | | |
|  | |  |  |
| ***School Chair*** | |  | ***Date*** |
|  | |  |  |
| ***Dean of Instruction*** | |  | ***Date*** |
|  | |  |  |
| ***VP ASD*** | |  | ***Date*** |
|  | |  |  |
| ***EdCo Chair*** | |  | ***Date*** |
| **Approval COPIED AND FORWARDED TO:** | | | | | |
|  | | | | | |
| Counselling Department  VP ASD  Registrar’s Office  Library | | | | | |
|  | | | | | |