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

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| **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**

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| **Program Details (use Calendar as template):** |
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| 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 [ ]  |
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