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| Letterhead-dark.png | **Form A3**  **Program Change**  **Major Change**  **(See Section 4.2.2)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program Name:** | | | | | |
| **School:** | | **Effective Semester:** **Fall**  **Winter**  **Spring** | | | |
| **School Chair:** | | **Date:** | | | |
|  | | | | | |
| **Rationale for proposed changes:** | | | | | |
|  | | | | | |
| **TRANSITION PLAN:** | | | | | |
|  | | | | | |
| Specify how students who have applied or who are currently enrolled in or waitlisted for the program will be affected by the proposed change(s) and how they will be notified of the change(s): | | | | | |
|  | **Current Program Details:**  *(only enter details that will be changed)* | | | **Proposed Program Details:**  *(only enter details that will be changed)* | |
| Program Name |  | | |  | |
| General Information |  | | |  | |
| Admission Requirements |  | | |  | |
| Total Program Credits |  | | |  | |
| Curriculum / Courses |  | | |  | |
| Requirements / Restrictions |  | | |  | |
| Name of Credential to be Awarded |  | | |  | |
| Other |  | | |  | |
|  | | | | | |
| **Approvals:** | | | | | |
|  | | | | | |
| ***School Chair*** | | |  | | ***Date*** |
|  | | |  | |  |
| ***Dean of Instruction*** | | |  | | ***Date*** |
|  | | |  | |  |
| ***Registrar*** | | |  | | ***Date*** |
|  | | |  | |  |
| ***EdCo Chair*** | | |  | | ***Date*** |
|  | | |  | |  |
| **Approval COPIED AND FORWARDED TO:** | | | | | |
|  | | | | | |
| Counselling Department  Registrar’s Office  VP ASD | | | | | |
| Curriculum Committee  Admissions and Standards Committee | | | | | |