

School of Graduate Studies  
**GRADUATE COURSE PROPOSAL FORM**

NOTE: If dropping a course, complete A and C, if adding or changing a course, complete all sections

FACULTY:  GAU:  DATE:

**A. APPROVAL REQUESTED FOR:**

COURSE TO BE DROPPED: Number:  Title:

or

COURSE CHANGE IN:

Proposed new course or change(s) effective: September 20  January 20  May 20

**B. PLEASE PROVIDE THE FOLLOWING COURSE INFORMATION:**

Proposed Instructor:  Frequency of Offering:  Every Year  Alternate Years  Not regularly offered

Prerequisites:  Number of Credit Hours:

Former Number and Title:

Proposed Number and Title:

Short Description of Course for Academic Calendar (Mandatory)

**NOTE: ALL COURSE CHANGES REQUIRE CONSULTATION WITH COUNTERPARTS IN SAINT JOHN AND FREDERICTON AND WITH COGNATE GAU'S TO AVOID POTENTIAL DUPLICATION.**

Estimated Class Size:  Estimated Computer Needs:

Is new / additional licensed software required?  Yes  No

If yes, name and signature of ITS personnel:  (print) \_\_\_\_\_ (sign)

Are new / additional Library resources required?  Yes  No

If yes, name and signature of Librarian consulted:  (print) \_\_\_\_\_ (sign)

Please attach a list of anticipated required resources.

**NOTE: Please do not submit the form to SGS without both the GAU & the Faculty Signatures.**

**C. APPROVALS:**

GAU: \_\_\_\_\_  
Director of Graduate Studies

Date:

\_\_\_\_\_  
Chair of GAU

Date:

Faculty: \_\_\_\_\_  
(Signature of Dean)

Date:

Dates of Approval: Executive Committee: \_\_\_\_\_ Fredericton Senate: \_\_\_\_\_

Board of Governors: \_\_\_\_\_ Saint John Senate: \_\_\_\_\_

APPROVAL SENT TO GAU ON \_\_\_\_\_