

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:

Description of Proposed Course:

In the interest of avoiding duplication, have you consulted other GAUs? ☐ Yes ☐ No

Please list other GAUs consulted & indicate any concerns expressed (use reverse if not enough room).

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 _____

Form revised & approved by the SGS Executive Committee on March 15, 2012