

Attachment 1

Relations with other programs

**Date:**

We are submitting the attached course proposal(s) to the Senate Curriculum Committee. In order to have your input considered, please complete section B at the bottom of the form and return to us within fifteen (15) business days from date above. Please contact Jackie Benson [j.benson@uwinnipeg.ca](mailto:j.benson@uwinnipeg.ca) to request additional time, if needed.

A) Host Department/Program   
(Complete information below and provide a rationale. Once completed, the form should be emailed to the consulted department’s DCC Chair with the Department Chair, Departmental Assistant, and Jackie Benson CC’ed.)

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| **Host Department/Program Code:** |
| **Consulted Department/Program Code:** |
| **4-Digit Course Number:** |
| **Course Title:** |
| **Indicate proposal type**  New Course  Experimental Course  Revision  Deletion  Program Change |
| **Indicate the most relevant response(s)**  This course:  is, will, or could be cross-listed with your department/program.  could be suitable for your major.  may contain some of the same content with a course in your department/program.  is for your information. |
| **Rationale for consult:** |

B) Consulted Department/Program

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| --- |
| **Indicate the most relevant response(s)**  This course:  is, will, or could be cross-listed with our department/program. If so, please add the cross-listed number so the department can update the form.  could be suitable for our major.  is (or may become) a required course or elective course in our program. If so, please remember to submit the appropriate program change form(s) to Academic Planning.  may contain some of the same content with a course in our department/program.  is not supported by our department (see the rationale provided below).  is for our information. |
| **Rationale:** |

Name of Consulted Department/Program Chair

Signature of Consulted Department/Program Chair

Date