

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 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