

Experimental Proposal

**Important Notes:**

- Experimental courses can only be offered twice over a maximum of three years (exceptional circumstances notwithstanding) after which a new course proposal is required.

- The deadline for submission to the Senate Curriculum Committee for publication in the 2023-2024 Calendar is September 30, 2022.

- In addition to this form, please remember to include the Library Consultation form, Departmental Consultation forms (as appropriate) and a sample course outline.

- Forms can be submitted in one of three ways: (1) email your complete package to Jackie Benson; (2) have the Department Assistant upload the complete package to the DA shared drive; or (3) copy the complete package to a USB, and deliver it to Jackie (3C21).

- Should you have questions, please consult the SCC forms website ([www.uwinnipeg.ca/arts/faculty-and-staff-forms/curric-forms.html](http://www.uwinnipeg.ca/arts/faculty-and-staff-forms/curric-forms.html)) for detailed guidelines and FAQs. You may also contact Jackie Benson.

A) Course Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department**: | **Submission Date:** | | | **Publication in the** 2023-2024 Calendar |
| **Department/Program Code:** | | **4-Digit Course Number:** | | |
| **Cross-Listed Department/Program Code and 4-Digit Course Number:** | | | | |
| **Credit Hours:** | | **Full Course Title:** | | |
| **Title Abbreviation (**25 characters maximum including spaces, no punctuation)**:**       See existing courses on WebAdvisor for examples of course abbreviations. | | | | |
| **Instructional Code and Hours of Instruction per week:** | | | | |
| **Note:** Instructional code indicates type of course: e.g. apprenticeship/internship/practicum (A); directed reading (D); lab (La); lecture (Le); project/thesis (P); seminar/discussion (S); or tutorial (T). The number of hours of instruction per week may be fixed (e.g. 3) or variable (V). Please see Curriculum Forms for more details.  If you are using multiple instructional codes, separate with a comma if the instruction is split. For example: Le, La will be scheduled in two different rooms at two different times. | | | | |
| **Select Course Type:**  (if applicable) | | | **Additional Course Type:**  (if applicable) | |
| **Note:** You do not have to make a selection for course type. If you believe your course fulfills one or more of the four degree requirements, please complete the process(es) as per the Arts Council (Humanities, Social Sciences), Science Council (Science) or Indigenous Course Requirement Committee (Indigenous Course) before completing this paperwork. | | | | |

B) Course Fees

|  |
| --- |
| Please provide additional information such that fee codes may be accurately assessed by the Senate Curriculum Committee.  Does the course require a lab in addition to lecture or seminar hours?  Yes  No  If yes, how many lab hours in total?    Does the course require lab supplies, technical support, or special coordinators (e.g. in the case of a practicum course)?  Yes  No  If yes, please specify:    **Fee Code:**  Low  High |
| **Note:** The course fee is typically low, unless there are special circumstances. Approval for high fee courses must be received from the VP (though your Dean) prior to completing the paperwork. |
| **Additional Fees:**  Lab Fee (supplies/software)  Theatre Technical Fee   Education Practicum Fee  Other |

**Note:** Additional fees require approval from the VPs. Departments must make a request through their Deans’ Office.

C) Approvals

This course requires approval from the Workplace Safety & Health Committee and has been submitted for review.

This course requires approval from the Senate Committee on Ethics and has been submitted for review.

Comments:

D) Calendar Description

100 word maximum, not including notes. Please use present tense.

**Note:** By default, topics courses may only be taken once for credit. If a topics course may be repeated for credit, add the following statement to the course description: “This course may be repeated for credit when the topic varies.”

Please check applicable boxes and provide necessary information.

**Prerequisite Course:**

**Corequisite Course/Lab:**

Course/Lab must be taken concurrently

Course may be taken in previous semester(s)

**Restrictions:**

ineligible students

honours form required

permission of the chair (or designate) required

permission of the instructor required

**Additional Requirements:**

**Note:** Requirements outside of the above options may be difficult to code. Contact Student Records to discuss prior to including additional requirements.

E) Rationale

Why are you proposing this course? How does it affect your program? How does it enhance the overall university curriculum? What is the rationale for the choice of course number? What is the rationale for items listed above? What is the rationale for a high fee code, if any?

**Please do not exceed 300 words.**

F) Course Information

This section is designed to add more detail to your course. (e.g., What are the topics that will typically be addressed? What are the learning objectives? How does your course differ from others which may address similar content?)

Do not copy the calendar description from above. If this information is included in the attached course outline, you may copy & paste it in this form.

**Please do not exceed 400 words**

G) Multi-Level Courses

Please complete this section if course is planned as a multi-level course. For additional information see the policy from Academic Planning on Multi-level courses.

1) Which course(s) will be held concurrently?

2) How does the calendar description for this course differ from the other calendar entries?

3) Please confirm that the description has the appropriate restrictions to ensure that students will only be able to count one course towards their/his/her degree (yes/no box). If no, please explain.

H) Relationship With Other Programs

In this section you are identifying how this proposed course may relate with other departments in the University.

If you wish to cross-list the course, you should organize that with the partner department prior to completing the application (and identify the associated cross-listed number in section A). This may also impact your process for applying for higher fee codes. Changes to cross-listed courses must be approved by all host department.

1) Will or could this course be cross-listed with another department/program?  Yes  No

If yes, identify:

2) Could this course be suitable for any other disciplinary/interdisciplinary major(s)?  Yes  No

If yes, identify:

3) Are there courses presently taught at the UW that you think may contain some of the same content?  Yes  No

If yes, identify:

4) Is an FYI to another department/program appropriate – for example, you think the course may be of interest to students in another department?  Yes  No

If yes, identify:

5) If you answered “No” to all of the above questions, please explain.

**Note:** If you said “yes” to questions 1-4, please complete Attachment 1 and send to the relevant department/program for their formal response. In the attachment, please provide reasons why you are sending the consultation form.

I) Academic Resources

1) Indicate extent of computer equipment including hardware and software required for this course as well as number of student access hours needed (Attach additional sheet if necessary):

2) Will one or more demonstrators be required to deliver this course?  Yes  No

3) Will marker resources above those usually allocated in your department be required to mount this course?  Yes  No

If yes, explain:

4) Other (e.g. printing, media, special classroom):

J) Schedule of Implementation

1) Can you staff this course using current teaching capacity?  Yes  No

If no, elaborate:

2) Proposed Instructor:

3) Projected Enrolment:

4) Academic year when the course will first be offered:

5) Frequency of offering:  Yearly  Every Other Year  Other

If other, please specify:

Name of Departmental Curriculum Committee Chair

Signature of Departmental Curriculum Committee Chair Date

Name of Department Chair

Signature of Department Chair Date