**EXPERIMENTAL COURSE PROPOSAL**

**Important Notes:**

* **EXPERIMENTAL COURSES CAN ONLY BE OFFERED TWICE OVER A MAXIMUM PERIOD OF 3 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 Calendar is September 30, 2018.**
* **Submit a detailed course outline and assessment criteria.**
* **Complete and submit Attachment 2: Library Resources**

**Please see Curriculum Forms at** [**http://uwinnipeg.ca/arts/faculty-and-staff-forms/curric-forms.html**](http://uwinnipeg.ca/arts/faculty-and-staff-forms/curric-forms.html) **for detailed guidelines.**

Department: Submission Date: Publication in the 2019-2020 Calendar

I. A. Department/Program Code: 4-Digit Course Number:

Credit Hours:

Cross-Listed Department/Program Code and 4-Digit Course Number:

Full Course Title:

Title Abbreviation (25 characters maximum including spaces, no punctuation):

Instructional Code and Hours of Instruction per week:

\*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.

Select Course Type: Choose Course Type. Additional Course Type, if applicable: Choose Course Type.

**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? Choose Yes or 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)? Choose Yes or No.

If yes, please specify:

|  |
| --- |
| **FOR DEPARTMENT OFFICE USE**  Fee Code: Low  High  Additional Fee (separate category from above):  \*Lab Fee (supplies/software):  \*Theatre Technical Fee:  \*Education Practicum Fee:  \*These fees require approval from the VPs. Departments must make a request through their Deans’ Office. |

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:

CALENDAR DESCRIPTION (100 word maximum, not including notes. Please use present tense):

**\*Note that 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.”**

B. Please check applicable boxes and provide necessary information.

Prerequisites:

Corequisites:

Additional Requirements:

Restrictions (ineligible students):

Petition, or electronic permission form, required for all students **in addition to** the prerequisite/corequisite:

\*Please see <http://www.uwinnipeg.ca/index/registration-prerequisite> for details.

Permission of the Chair (or designate)

Permission of the Instructor

C. RATIONALE: (e.g. 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 in B? What is the rationale for a high fee code, if any?) Please do not exceed 300 words.

II. RELATIONSHIP WITH OTHER PROGRAMS

COMPLEMENTARITY

1) Could this course be suitable in any other disciplinary/interdisciplinary major(s)? Choose Yes or No.

If yes, identify:

2) Could this course be of interest to students in any other program/department? Choose Yes or No.

If yes, identify:

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

If yes, identify:

4) Are there courses presently taught at the UW that you think may contain some of the same content. Choose Yes or No.

If yes, identify:

5) Is an FYI to another department appropriate? Choose Yes or No.

If yes, identify:

**If yes to any of the above, complete Attachment 1 and send to the relevant department/program for their formal response. Please submit with this course proposal.**

III. ACADEMIC RESOURCES

A. Computing Requirements

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

B. Will one or more demonstrators be required to deliver this course? Choose Yes or No.

C. Will marker resources above those usually allocated in your department be required to mount this course? Choose Yes or No.

If yes, explain:

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

IV. SCHEDULE OF IMPLEMENTATION

A. Proposed Instructor:

B. Projected Enrolment:

C. Academic year(s) when the course will be offered:

Department Chair/Director/Program Coordinator Signature Date

Departmental Curriculum Committee Chair Signature Date

*Experimental-2018*