 Course Outline Summary (COS) Form

**New Course Outline** **[ ]**

(*All signatures are required.*)

**Revised Course Outline** **[ ]**

 (*Signatures required as per course outline guide and as noted below.*)

**The purpose of this form is to:**

* implement approvals as per Policy 8100: Instructional Programs
* summarize course outline changes or provide new details
* maintain an official approved copy of course outline (*see section 7.1.2 #8 and 7.3.2*)
* capture approval signatures
* direct changes to the appropriate approver
* trigger SRS and/or web updates (*calendar, fees, transfer, curriculum worksheets, program policies…)*
* communication mechanism to stakeholders
* informs originators that approval has been granted/denied

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| ***COurse information*** *(\* To complete this section, refer to the Course Outline Reference Guide for assistance.)* |
| **Course Title:**       |
| **Course Code:**       | **Course Number:**       | **Number of Credits:**       |
| *(Requires Registrar’s Approval)*       | *(Requires Registrar’s Approval)*        | *(Requires Registrar’s Approval)*       |
| **Number of Weeks:**       | **Lecture Hours/Week:**       | **Seminar Hours/Week:**       |
| **Lab Hours/Week:**       | **Other Hours:**        | **Total Hours:**       |
| **Type of Lab:**      *(Please* *specify if computer, field, music, etc)* | **Type:**       (*Please* *specify if practicum, field, etc)* |

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| **Program Name:**       |
| **Effective Semester:** | **School:**       |
| **Fall** [ ]  | **Year** 20     | **School Chair:**       |
| **Winter** [ ]  | **Year** 20     | **Contact Person:**       |
| **Spring** [ ]  | **Year** 20     | **Submitted by:** | **Date:** |

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| **Revisions** (*Please check all that apply.*) |
| [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | Course Title change (*EdCo*)Course Code change (*Registrar & EdCo*)Course Number change (*Registrar & EdCo*)Number of credits - new or change (*Registrar, CC, EdCo*)Course Details change (weeks, lecture, lab, or seminar hours, work term or clinical, or other hours) (*Registrar, EdCo*)Transfer Information (*Complete page 2, Summary of Course Changes, Summary of Course Transfer Information*)Calendar Description change(*Minor –School Chair, Major-EdCo*)Pre or Co-requisites (*EdCo*) | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | Cross-listed course numberSignificant part of content or Learning Outcomes (*School Chair up to f18, thereafter EdCo*)Grading Table (*Chair*)Assessment (*School Chair up to f18, thereafter EdCo*)Learning Resources (*School Chair*)Course Suspension (*EdCo*)Course Deletion (*EdCo*)Other (*Specify*):       |
| ☞**Any changes are to be supported by a track change version of the most current approved course outline from EDP. COS form and track change course outline to be submitted to Natasha Makortoff, Academic Governance Assistant, at** **nmakortoff@selkirk.ca** **for processing.** |
| **SUMMARY OF Course CHANGES** |
| Use page 2 to provide course changes, summary updates and rationale. |
| **Course Equivalency** |
| Is this course replacing a current course? | **Yes** [ ]  | **No** [ ]  |
| If yes, can students get credit for both the proposed course and the replaced course?  | **Yes** **[ ]**  | **No** **[ ]**  |
| If yes, what other courses or programs will be impacted by this change? |
| **technology requirements** |
| Are there technology requirements?  | **Yes** **[ ]**  |  **No** [ ]  |
| If yes, please indicate.       |
| **Summary of course changes** |
| **Provide a summary of the course changes, including rationale.** *(Maximum 6 bullet points.)* |
|      |

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| **Approvals** |
|       |  |       |  |       |  |       |
| ***School Chair***  |  | ***Date*** |  | ***Dean*** |  | ***Date*** |
|       |  |       |  |       |  |       |
| ***Registrar*** |  | ***Date*** |  | ***Curriculum Committee Chair*** |  | ***Date*** |
|       |  |       |
| ***EdCo Chair*** |  | ***Date*** |

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| **summary of COurse transfer information changes** *(The following information is required to request/update course transfer information through BCCAT to other BC Post-secondary institutions.)* |
| **Transfer request to:**       |
| **Institution** | **Course Code** | **Course Number** | **Credits** | **New** | **Update** |
|       |       |       |       | **[ ]**  | **[ ]**  |
|       |       |       |       | **[ ]**  | **[ ]**  |
|       |       |       |       | **[ ]**  | **[ ]**  |

\***NOTE:** If you are unable to provide all required information in this form, please attach an additional page.

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| **Office use only** |
| [ ]  | Academic Governance | Date: |       |
| [ ]  | System Analyst | Date: |       |
| [ ]  | EDP | Date: |       |

\***NOTE:** See business process documentation for more detailed information.

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