 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 number  Significant 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**](mailto: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** | | | | | | | | |
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| ***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** |
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\***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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