UNDERGRADUATE PROGRAM MODIFICATION
SCCCC Fall 2021/Spring 2022

University of Manitoba

See the *Guidelines for Completion of Undergraduate/Certificate Course and Curriculum Changes*.

SECTION A

Faculty/College/School:

Department or Program:

Program (i.e. credential and discipline):

Changes Take Effect:

SECTION B – DESCRIPTION OF PROGRAM MODIFICATION

Provide a brief description of the proposed program modification. Limit – 200 words.

SECTION C – RATIONALE

☐ Responds to a recommendation in an external undergraduate program review.

Provide a brief rationale for the program modification in the space provided.

SECTION D – ACADEMIC CALENDAR CONTENT

Attach a revised program description, including program charts and any other Academic Calendar content that would require updates to reflect course and curriculum changes. Beginning with the program description as it appears in the current Academic Calendar, clearly indicate proposed changes using strikethrough font (e.g. ~~strikethrough~~) to indicate content that is to be deleted and **bold font** to indicate content that is to be added.

SECTION E – STATEMENT OF ADDITIONAL COSTS, WORKLOAD, AND/OR SUPPLIES

See the *Guidelines* for instructions on how to complete this section of the form. Indicate where not applicable.

SECTION F – CONSULTATION WITH OTHER UNITS THAT MIGHT BE AFFECTED BY CHANGES

See the *Guidelines* for instructions on how to complete this section of the form.

This program modification leads to changes in programs in other units. *Requests for Statement of Support Forms are required.*

In the space provided, list all programs that are affected, including those in other departments, faculties, colleges, or schools. Be as specific as possible.

SECTION G – SUPPORTING DOCUMENTATION ATTACHED

See the *Guidelines* for information on required supporting documentation. *Attach documents in the following order*.

Executive summary (required only for significant program modifications)

Transition plan (required for significant program modifications)

Current and revised Academic Calendar content, including program descriptions and charts (required)

SPPC Program Proposal Budget Form

Request for Statement of Support Forms and responses received

SECTION H – SIGNATURES

Department Approval: _____

　　　　　　　　　　　　Type Name　　　　　Signature　　　　　Date

Faculty/College/School Approval:

　　　　　　　　　　　　Type Name　　　　　Signature　　　　　Date