

Cross-Listing to:

Additional Information/ Clarification:

COURSE REVISION PROPOSAL FORM

Senate approved changes will come into effect on September 1, 2025.

SENATE OFFICE USE ONLY

		Revised Course #
A. COURSE IDENTIFICATION (CI	URRENT)	
-	Graduate Course Title: Department:	
B. PROPOSED COURSE INFORM	MATION REVISIONS	
Enter information only in the fields belo	w where proposed changes are being made.	
CHANGE:		
Course Level to:	Course Title to:	
Credit Hours to:	Short Title to (max 25 characte	rs):
Course Type to:	Subject Identifier to (ex. GEO	G):
	Term Duration to:	Hrs/wk to:
Prerequisite(s) to: None OR Specific Course(s) Permission of:): OR	Lab hrs/wk to:
AND/OR:		
Corequisite(s) to: None OR Specific Course(s)):	
AND/OR:		
Antirequisite(s) to: None OR Specific Course(s):	
Cannot Be Held With:		



COURSE REVISION PROPOSAL FORM

C.	PROPOSED COURSE CALENDAR REVISIONS New Calendar Description:	
	Calendar Placement:	
D.	REQUIRED SUPPORTING DOCUMENTATION Detailed course outline	
E. RATIONALE & JUSTIFICATION Explain why these proposed revisions are being made to this course and, if significant changes are being made, provide reasoning to explain why this should be considered a course change rather than a new course. Provide sufficient detail to permit CAP/GSC and Senate to evaluate the request fully and effectively.		
F.	APPROVALS	
	Cross-Listed Dept. Approval Date:	
	Faculty Council Approval Date: Dean's Approval Date:	
SEN	ATE OFFICE USE ONLY	

Senate

F & R Services

Approval/Completion Date

Copy Sent

Questions on completing this form should be referred to: Registrar's Office, registrar@brandonu.ca, 204-727-9738

Edit Date

Approval/Completion Date

USC/GSC

Calendar