

## New Program/Major or Minor/Concentration Proposal Form

(07/2004)

1.3 Minor (with Concentration, if Applicab	le) (30 char. max.)	(Ex. Sept. 2004 Term 200709	· = 200409)	n
4.0 Rationale for new proposal				
During the discussions in the program review o	ogram with a more general- e appropriate programs white vide excellent programs with th a new B.Sc. Liberal progr	purpose and more clearly define th have a core plus depth or a th core plus depth, but we do no am, we can provide a very flexi	ed B.Sc. Liberal de core plus breadth t have an adequate	egree e program for core plus
5.0 Program Information				
Please check appropriate box(es)				
5.1 Program Type	5.2 Category	5	3 Level	
☑ Bachelor's Program	☐ Faculty Program (FP)		☐ Undergraduate	
☐ Master's	☐ Major		Dentistry/Law/Medicine	
☐ M.Sc. (Applied) Program	☐ Joint Major		Continuing Ed (Non-Credit)	
□ Dual Degree/Concurrent Program	☐ Major Concentration (CON)		Collegial	
☐ Certificate	☐ Minor		Masters & Grad Dips & Certs	
☐ Diploma	☐ Minor Concentration (CON)		Doctorate	
☐ Graduate Certificate	☐ Honours (HON)		Post-Graduate Medicine/Dentistry	
☐ Graduate Diploma	☐ Joint Honours Component (HC)		Graduate Qualifying	
☐ Ph.D. Program	☐ Internship/Co-op		Postdoctoral Fellows	
☐ Doctorate Program	Thesis (T)			
(Other than Ph.D.)	Non-Thesis (N)			
□ Private Program	Other			
☐ Off-Campus Program	Please specify			
☐ Distance Education Program	00			
(By Correspondence)	Core Science Corr	ponent		
☐ Other (Please specify)				
6.0 Total Credits		7.0 Consultation with		Ne
		Related Units	Yes	
		Financial Consult	Yes	No rm of Implementat

8.0 Program Description (Maximum 150 words)	$\neg$
0.0 Flogram Description (Maximum 100 Words)	
9.0 List of proposed program for the New Program/Major or Minor/Concentration.	
If new concentration (option) of existing Major/Minor (program), please attach	
a program layout (list of all courses) of existing Major/Minor.	
Proposed program (list courses as follows: Subj Code/Crse Num, Title, Credit weight	
under the headings of: Required Courses, Complementary Co	

0.0 Approvals			
outing Sequence	Name	Signature	Date
			]
			]
			j
		To be completed by ARR:	
		CIP Code	