



# Board of Graduate Studies – University of Guelph Senate

## Course Change Form

Course changes include revisions to department responsibility, course code, title, calendar description, prerequisites, course restrictions (including instructor consent), credit weighting, grade scheme and incorporating course content from a deleted course. If the course change is due to credit weight change or the deletion of another course, please provide a course outline, which justifies the credit weight change or includes the content/material for the deleted course. Course changes are subject to Division Committee, Graduate Programs and Policy Committee, and Board of Graduate Studies approval.

Department/School/Program responsible for course: \_\_\_\_\_

Course Code and No. (i.e. UNIV\*6000) : \_\_\_\_\_ Proposed Course Code and No.: \_\_\_\_\_

Current Title: \_\_\_\_\_

Proposed Title: \_\_\_\_\_

Short Title (30 characters max) (This is the title that will appear on the student's official transcript):  
\_\_\_\_\_

Semester(s) Offering: ☐ F ☐ W ☐ S ☐ U

Do you wish for the semester designation to be printed in the Calendar? ☐ Yes ☐ No

Placement in calendar (indicate subheading under which course is to be listed if applicable):  
\_\_\_\_\_

Prerequisite(s): \_\_\_\_\_

Mandatory Co-requisite(s): \_\_\_\_\_

Other restrictions: \_\_\_\_\_

Lecture Hours/Week: \_\_\_\_\_ Laboratory or Tutorial Hours/Week: \_\_\_\_\_

Offered by distance: ☐ Yes ☐ No

Total Contact Hours/Week: \_\_\_\_\_ Total Student Time & Effort on Course/Week: \_\_\_\_\_

Scheduling: ☐ Annually ☐ Alternate Years

**Is this course cross-listed with other courses?**

Yes ☐ No ☐

Please indicate which level of courses are cross-listed below.

Undergraduate & graduate: ☐

**Restriction:** Credit may be obtained for only one of the courses

List courses:

Yes ☐

Masters & Masters: ☐

List courses:

Yes ☐ No ☐

Masters & doctoral: ☐

List courses:

Yes ☐ No ☐

In instances of different degrees, please describe the master's or doctoral level component that differentiates the two:

**Current Credits:** \_\_\_\_\_ **Proposed Credits:** \_\_\_\_\_

Credit Guidelines: Choose only one. If proposed credits do not conform to guidelines, attach a full explanation. 0.0 (Seminar-type courses, unless a higher rating is justified and approved) 0.25 (Half-semester courses, including six-week courses, unless contact hours & workload is doubled in the six-week period) 0.5 (Semester courses, usually given throughout one semester) (student time & effort on task = approximately 10-12 hours per week) 1.0 (Double courses, including two semester courses, typically major paper courses)

**Instructor's signature required:** ☐ Yes ☐ No

**Designated as a two-semester course with students registering in each semester:** Students receive INP (in progress) at the end of the first semester and a grade at the end of the second semester. Yes ☐ No ☐

**Designated as a multiple-semester course:** Is this course designed to require more than one semester for completion, with students registering in each semester with one grade at the end? Yes ☐ No ☐

**Maximum number of times a student may take this course:** ☐ Once Only ☐ Twice Only ☐ Unlimited

**Current Grade Scheme:** ☐ Numeric ☐ SAT/UNS (reserved for seminar or practical courses only)

**Proposed Grade Scheme:** ☐ Numeric ☐ SAT/UNS (reserved for seminar or practical courses only)

**Current Calendar Description:**

**Proposed Calendar Description:** *(Please ensure that the course description is grammatically correct – i.e. is formatted in completed sentences) 45 words or less.*

**Proposed Revisions and Reasons for Revisions:** *(Brief rational and point form is acceptable for this section).*  
Include the impact of this course change on associated learning outcomes.

**Please attach a course outline reflecting proposed changes.**

**Signature Approval of Graduate Program Coordinator:** \_\_\_\_\_

**Signature Approval of Chair/Director:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_