**UBC Curriculum Consultation Request**

|  |  |
| --- | --- |
| **To:** | |
| Name: | Date: | |
| Dept./School: | Faculty: | |
| **From:** | |
| Name: | Dept./School: | |
| Faculty: | Phone: | |
| E-mail: | Fax: | |

We are proposing curriculum changes for the following courses or programs as detailed on the attached form(s).

|  |
| --- |
| Course Number or Program Title: |

We anticipate that you may have some interest in these proposals and we would appreciate receiving your comments on this form.

|  |  |
| --- | --- |
| PLEASE RESPOND NO LATER THAN: |  |

Response

( ) We support the Proposal. ( ) We have no interest in the proposal.

( ) We **DO NOT** support the Proposal (Reasons must be listed below or appended.).

**Comments (Please type or print):**

**Respondent:**

|  |  |
| --- | --- |
| Name: | Dept./School: |
| Faculty: | Phone/Fax: |

**N. B. The originator should also send a copy of this form to the Head of the Department/School consulted.**

**UBC Curriculum Consultation Report**

for Category 1 Curriculum Proposals.

|  |
| --- |
| **This form should be stapled to the paper copy of the relevant curriculum change form.** |

|  |  |  |
| --- | --- | --- |
| Faculty: | Department: | Date: (dd mm yy) |

|  |
| --- |
| Name of Course or Program: |
| Identification Number: |

**Consultations:**

List consultants, attach their signed memos, and include below your responses to any questions that they raised.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Dept/School** | **Faculty** | |
| 1. |  |  |
| Response: | | |
| 2. |  |  |
| Response: | | |
| 3. |  |  |
| Response: | | |
| 4. |  |  |
| Response: | | |
| 5. |  |  |
| Response: | | |
| 6. |  |  |
| Response: | | |