



UBC Curriculum Consultation Request

To:

Name:	Date:
Dept./School:	Faculty:

From:

Name:	Dept./School:
Faculty: <i>Science</i>	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:	
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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)
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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:		