



New Program/Concentration Proposal Form

(20 9)

1.0 Degree Title

Please specify the two degrees for concurrent degree programs

2.0 Administering Faculty

4.0 Rationale D Q G \$ G P L V V L R Q 5 H T X L U H P H Q W V for 1ew 3ro

6.0 Total Credits [; Á Ö Ö W • Á Ç 3 - Á | æ c c ^ ! É Á ä } ä ä & æ c ^ Á Á Ö Ö W • Á Á ä } Á ä [ç D

7.0 Consultation with
 Related Units Yes No
 Financial Consult Yes No
 Attach list of consultations.

8.0 Program Description (Maximum 150 words)

9.0 List of proposed new Program/Concentration

If new concentration (option) of an existing program, a program layout (list of all courses) of existing program must be attached.

Proposed program (list courses as follows: Subj Code/Crse Num, Title, Credit Weight under the headings of: Required Courses, Complementary Courses, Elective Courses)

10.0 Approvals

Routing Sequence	Name	Signature	Date
Department	<input type="text"/>	<input type="text"/>	<input type="text"/>
Curric/Acad Committee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
C * P 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 & 7 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
APC	<input type="text"/>	<input type="text"/>	<input type="text"/>
Senate	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submitted by

Name

Phone

Email

Submission Date

To be completed by ES:

CIP Code

REMINDER :

section 6.5.4 within

<https://www.mcgill.ca/sctp/guidelines>.

be accompanied by