

# COURSE CONTROL SHEET

This Course control sheet will be used with the "Curriculum Development and Approval" (CD&A) Policy

**PLEASE ATTACH ONE CONTROL SHEET TO EACH CURRICULUM GUIDELINE FOR ALL COURSES BEING PROPOSED, REVISED OR WITHDRAWN.**

- Curriculum guidelines with Major revisions (see CD&A Policy for definition) will be forwarded to the Education Council Curriculum Committee for review.
- Curriculum Guidelines with **Minor** revisions (see CD&A Policy) do not require Education Council approval and may be sent directly to the Office of the Registrar with Course Control Sheets as approved at FEC.

Course Abbreviation & Number	Descriptive Title	Credits
<p><b><u>STATUS OF COURSE</u></b> Semester and year of implementation _____</p> <p>Course is offered for credit in _____  <span style="margin-left: 150px;">Name of Programs(s) if applicable</span></p>		
<input type="checkbox"/> <b>NEW COURSE*</b>	<p>Course has never been offered before at Douglas College  <b>* All new or revised course numbers <u>must</u> be validated in advance with the Registrar's Office</b></p>	
<input type="checkbox"/> <b>REPLACEMENT COURSE</b>	<p>A Replacement course will be equivalent to the course it replaces in a student's academic record. It will be used for G.P.A. calculation and to track course duplications and repetitions.                      This course replaces _____  <span style="margin-left: 150px;">Course Name and Number</span></p> <p>This course is equivalent to _____  <span style="margin-left: 150px;">Course Name and Number</span></p>	
<input type="checkbox"/> <b>REVISED COURSE</b> Please attach current and revised Curriculum Guidelines and a brief summary of changes	<p>Section(s) revised: _____</p> <p><input type="checkbox"/> <b>Minor</b> Revision: Sections A, B, C, D, N, and/or P (<b>Circle all revised sections</b>)</p> <p><input type="checkbox"/> <b>Major</b> Revision: Section E, F, G, H, I, J, K, L, M, O, Q and/or R (<b>Circle all revised Sections</b>)</p> <p>If course is transferable, should revisions be sent to Institutions or other agencies for re-evaluation? Yes _____ No _____</p> <p>Institution/Agency: _____</p>	
<input type="checkbox"/> <b>WITHDRAWN COURSE</b>	<p>Course will be deleted from calendar and from new transfer guides.</p>	

**DEVELOPMENT AND CONSULTATION PROCESS:** THE COURSE DESIGNER(S) HAVE CONSULTED WITH THE FOLLOWING GROUPS (INDICATE N/A WHERE APPROPRIATE):

**SENDERS:**

Circulate for comment a minimum of ten (10) business days before the response due date specified below.

DATE SENT: \_\_\_\_\_ RESPONSE DUE DATE: \_\_\_\_\_

**RESPONDERS:**

**\*\*It is the responsibility of the receiving department to provide response before the response due date specified above. No response by the due date indicates that you have no comment.**

DATE RECEIVED: \_\_\_\_\_

Consultation regarding the program proposal/revisions were held with the following groups (indicate n/a where appropriate).

**Consultation means that electronic and/or in person discussion has occurred. Consulted groups/individuals will provide feedback to program/course developers. If concerns arise that cannot be resolved, consulted groups will indicate so (✓) and attach their written concerns to this control sheet. Consulted groups or individuals, other than Associated Studies Partners, do not have the authority to approve or veto proposals.**

<u>Group Consulted</u>	<u>Contact Person's Signature or Email (Attach)</u>	<u>Date</u>	<u>Concerns (✓)</u>
1. Associated Studies Partners (Signature indicates approval)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2. Interdisciplinary partners (list all)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3. Other Departments (jurisdictional overlap)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
4. Learning Resources (Library)	_____	_____	_____

<u>Group Consulted</u>	<u>Contact Person's Signature or Email (Attach)</u>	<u>Date</u>	<u>Concerns (✓)</u>
5. Centre for Educational & Information Technology (CEIT)	_____	_____	_____
6. Facilities	_____	_____	_____
7. External Agencies/Educational Institutions	_____	_____	_____
8. Other ( <i>specify</i> )	_____	_____	_____

**APPROVAL PROCESS: APPROVAL VERIFIES THAT EACH SIGNATORY HAS CARRIED OUT THE RESPONSIBILITIES ASSIGNED TO HER/HIM UNDER THE CD&A POLICY**

	<u>Contact Person's Signature</u>	<u>Date Approved</u>
<b>CURRICULUM GUIDELINES SENT TO:</b>		
1. Faculty Education Committee Chair (or designate)	_____	_____
2. Dean/Associate Dean/Director (or Designate)	_____	_____
3. Education Council Curriculum Committee Chair or Designate ( <b>omit for minor revisions – see CD&amp;A Policy</b> )	_____	_____

**DISTRIBUTION FLOW**

- FACULTY – DEAN
- EDUCATION COUNCIL CURRICULUM COMMITTEE
- OFFICE OF THE REGISTRAR – RECORDS (Original)

REGISTRAR'S SIGNATURE:

\_\_\_\_\_

DATE: \_\_\_\_\_