

COURSE OUTLINE TRACKING FORM

Step 1: To be Completed by Originator

<input type="checkbox"/> New	<input type="checkbox"/> Revision	<input type="checkbox"/> Deletion	Originator: _____
School (responsible for course): _____			
Course Name/Number/Credits/Hours: _____			
Old Course Name/Number/Credits/Hours (if changed): _____			
Effective Date: _____ *Changes requiring AC approval, effective date must be at least one semester prior to the semester in which the course is to be offered.			
Programs Affected: _____			
<input type="checkbox"/> Reviewed with Program Curriculum Committee Chair: _____			(Signature Required)
<input type="checkbox"/> Reviewed with Coordinator(s) of Affected Program(s)/Course: _____			(Signature Required)

Step 2: To be Completed by Originator

Changes Requiring Academic Council Approval: (Notice of Motion Form must be attached.)			
<input type="checkbox"/> Course Name	Approved by Registrar/Designate		_____
<input type="checkbox"/> Course Number	Approved by Registrar/Designate		_____
<input type="checkbox"/> Credits			
<input type="checkbox"/> Pre and/or Co-requisites			
<input type="checkbox"/> Description	Reviewed by Centre for Teaching & Learning		_____
<input type="checkbox"/> Grading System	Reviewed by Centre for Teaching & Learning		_____
Changes Requiring Chair/Dean Approval:			
<input type="checkbox"/> General Areas of Competency	<input type="checkbox"/> Profile attached	Reviewed by Centre for Teaching & Learning	_____
<input type="checkbox"/> Competency Statements	<input type="checkbox"/> Profile attached	Reviewed by Centre for Teaching & Learning	_____
<input type="checkbox"/> Student Evaluation		Reviewed by Centre for Teaching & Learning	_____
<input type="checkbox"/> Resource Materials (Use APA 6 th ed. Format)		Reviewed by Centre for Teaching & Learning	_____
<input type="checkbox"/> Student Equipment/Supplies			
<input type="checkbox"/> Student Responsibilities			
<input type="checkbox"/> Additional Information			
<input type="checkbox"/> Term Sort Changes	Approved by School Chair/Dean		_____
<input type="checkbox"/> Delivery Methods/Hours	Approved by School Chair/Dean		_____
(UPDATED Program of Study MUST accompany the Course Outline Tracking Form to AC for Term Sort Changes and Delivery Methods/Hour Changes.)			

Step 3: To be Completed by the Chair

<input type="checkbox"/> Approved by Chair		Year	Month	Day	Initial
		_____	_____	_____	_____

Step 4: To be Completed on Behalf of the Vic- President, Academic and Research

<input type="checkbox"/> Approved by Academic Council Motion #AC _____		Year	Month	Day	Initial
<input type="checkbox"/> Approved in Merlin		_____	_____	_____	_____