## Appendix 5

### **School of Graduate Studies**

# GRADUATE DEGREE PLAN REVISION FOR FACULTY OF ENGINEERING AND APPLIED SCIENCE GRADUATE COUNCIL APPROVAL

#### **GRADUATE DEPARTMENT NAME:**

### **DEGREE PLAN:**

Degree plan revisions should be submitted whenever a course addition, course deletion or course revision affects the graduate degree program requirements OR whenever a minor change to the current degree program requirements is proposed.

- 1. <u>Description of Change</u>: Indicate the degree plan and/or SGS Calendar section to be revised.
- 2. Rationale: Provide a detailed justification explaining the proposed change(s).
- 3. <u>Calendar copy</u>: This is the text that will appear in the SGS Calendar. Provide the revised text with revisions **in bold**.
- 4. <u>Timing</u>: Please provide dates when these changes will come into effect. Describe how you will ensure that students who began their plans before this change will be allowed to continue in their plans (grandparenting arrangements).
- 5. <u>Impact (if any) on other Departments</u>: If the revised degree plan will have any impact on degree plans offered by other Departments, please indicate which plans may be affected by this revision. Please indicate which Graduate Program(s) have been contacted.
- 6. <u>Resources</u>: If these changes will affect specific resource requirements in terms of rooms, equipment, computers, TAs, etc., please provide details. Will any new funds be required for these changes? If so, how will these costs be covered? Please include any relevant correspondence.

Submission Contact	Name:
	Phone #:
	Email:
	Date:
Signature of Departm	ent Head/Program Director:

Signature of Coordinator of Graduate Studies:		
EMAIL the completed form and any attachments to the Engineering and Applied Science Graduate Council administrative assistant:		
FOR OFFICE USE ONLY:		
Date of approval by FEASGC:		
Date of approval at GSEC:		