**Acadia University Senate Curriculum Committee (Administrative) 2023-2024
Form 3: Proposed Modification to an Existing Course**

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| Department or School: | Click or tap here to enter text. |
| Presented to Faculty Council? | Choose an item. |
| Date presented (or will be) to Faculty Council: | Click or tap to enter a date. |
| Type of modifications (check all that apply)[ ]  \*change in course number or title within same year[ ]  change in course number or title not in same year[ ]  change in calendar description[ ]  change in course weight (credit hours)[ ]  change in prerequisite(s)[ ]  change in course level[ ]  other. Please explain: Click or tap here to enter text. **(\* Request may go directly to Senate. Does not require curriculum committee approval)** |

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|  **Modified Course Information** |
| Course code - discipline & number (e.g. HIST 2223): | Click or tap here to enter text. |
| *Have you checked with the Registrar’s Office to confirm the proposed course code has not been used before?* |  Choose an item. |
| Proposed course title: | Click or tap here to enter text. |
| Abbreviated title for transcripts (if needed): MAXIMUM 30 characters  | Click or tap here to enter text. |
| Provide Calendar description for the course below: (MAXIMUM 60 words)Click or tap here to enter text. |
| Prerequisites: | Click or tap here to enter text. |
| Corequisites: | Click or tap here to enter text. |
| Antirequisites: | Click or tap here to enter text. |
| **Current Course Information** |
| Course code – discipline & number: | Click or tap here to enter text. |
| Course Title: | Click or tap here to enter text. |
| Calendar description: (MAXIMUM 60 words)Click or tap here to enter text. |
| Prerequisites: | Click or tap here to enter text. |
| Corequisites: | Click or tap here to enter text. |
| Antirequisites: | Click or tap here to enter text. |
| Briefly state the reason for requesting this modification. Please be specific.Click or tap here to enter text. |

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| **Anticipated Impacts & Consultations**  |
| Will the modified course serve the same purpose as the existing course with respect to other courses or programs in your Department/School or those in other Departments/Schools?  | Choose an item. |
| If you chose ‘No’, please explain.Click or tap here to enter text. |
| Will this modification alter, in any substantive way, the way the course is currently delivered? | Choose an item.**If you chose ‘No’, you may skip the rest of this section.** |
| Briefly state how the modification will change the delivery of the course.Click or tap here to enter text. |
| Has the proposed modification been discussed with students? | Choose an item. |
| If you chose ‘Yes’, do students approve of the modification? | Choose an item. |
| If you answered ‘No’ for either of the two questions above, please explain.Click or tap here to enter text. |

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| **Teaching Resources** |
| Are there qualified faculty members available to teach the modified course?  | Choose an item. |
| If you chose ‘No’, please explain.Click or tap here to enter text. |

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| **Library Resources (as applicable)** |
| Have you consulted with the department’s library liaison regarding acquisition of materials for the proposed course? | Choose an item. |
| Provide a list of available materials in the library that would be suitable for use in this course.Click or tap here to enter text. |
| Provide a list of desirable materials for acquisition by the library.Click or tap here to enter text. |

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| **Technology Support (as applicable)** |
| Have you consulted with Technology Services regarding technological support or acquisition of technology for this course? | Choose an item. |
| What technological resources or assistance, if any, will be required?Click or tap here to enter text. |

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| **Additional Information** |
| Please provide any additional information you feel may be useful to the Curriculum Committee in its deliberation below.Click or tap here to enter text. |