**Acadia University Senate Curriculum Committee (Administrative) 2023-2024  
Form 5A: New Program Proposal (MPHEC approval not required)**

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| Department/School: | Click or tap here to enter text. |
| Presented to Faculty Council? | Choose an item. |
| Date presented to Faculty Council | Click or tap to enter a date. |

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| **Program / Rationale** | |
| Program Title: | Click or tap here to enter text. |
| Briefly (in one paragraph) outline the nature of the new program.  Click or tap here to enter text. | |
| Briefly state the reason(s) for requesting this new program. Please be specific.  Click or tap here to enter text. | |

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| **Anticipated Impacts & Consultations** | |
| Will this new program alter, in any substantive way, the way any other programs are currently delivered? | Choose an item. |
| If you chose ‘Yes’, please explain.  Click or tap here to enter text. | |
| Has the proposed modification been discussed with students? | Choose an item. |
| If yes, do students approve of the modification? | Choose an item. |
| If you answered ‘No’ to either of the last two questions, please explain.  Click or tap here to enter text. | |

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| **New Calendar Description** |
| Please provide the new program title and description exactly as it should appear in the University Calendar. Please include the program and graduation requirements.  Click or tap here to enter text. |

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| **Impacts on Courses** | |
| Will this program change result in the **addition** of any new courses? | Choose an item. |
| If yes, please list all new course numbers below, and fill out a **Form 1 New Course Proposal** for each.  Click or tap here to enter text. | |
| Will this program change result in the **deletion** of any existing courses? | Choose an item. |
| If yes, please list all deleted course numbers below, and fill out **Form 2 Proposed Course Deletion** for each.  Click or tap here to enter text. | |
| Will this program change result in **substantive modifications** to any existing courses? | Choose an item. |
| If yes, please list all the affected course numbers below, and fill out **Form 3 Proposed Course Modification** for each.  Click or tap here to enter text. | |

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