

Attachment 1

Relations with other programs

**Date:**

We are submitting the attached course proposal(s) to the Senate Curriculum Committee. Please complete the section at the bottom of the form and return to us within ten (10) days from date above.

A) Host Department/Program   
(Complete information below and provide a rationale)

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| **Host Department/Program Code:** |
| **Consulted Department/Program Code:** |
| **4-Digit Course Number:** |
| **Course Title:** |
| **Indicate proposal type**  New Course  Experimental Course  Revision  Deletion  Program Change |
| **Indicate the most relevant response(s)**  This course:  is, will, or could be cross-listed with your department/program.  could be suitable for your major.  may contain some of the same content with a course in your department/program.  is for your information. |
| **Rationale for consult:** |

B) Consulted Department/Program  
(Complete information below and provide a rationale to your response)

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| --- |
| **Indicate the most relevant response(s)**  This course:  is, will, or could be cross-listed with our department/program. If so, please add the cross-listed number so the department can update the form.  could be suitable for our major.  is (or may become) a required course or elective course in our program. If so, please remember to submit the appropriate program change form(s) to Academic Planning.  may contain some of the same content with a course in our department/program.  is not supported by our department (see the rationale provided below).  is for our information. |
| **Rationale:** |

Name of Consulted Department/Program Chair

Signature of Consulted Department/Program Chair

Date