**COURSE REACTIVATION FORM – FACULTY OF GRADUATE STUDIES**

**Important Notes:**

**- The deadline for submission to the Graduate Studies Curriculum Subcommittee for publication in the 2025-2026 Calendar is September 29, 2024.**

* **Complete this form to reactivate a course that has been inactive for more than 10 years.**
* **If this course requires revisions, complete and attach a Course Revision form.**
* **Complete the Department Consultation form. Review current course descriptions to identify which departments you should consult.**

**Please see Curriculum Forms at** [**http://www.uwinnipeg.ca/index/dean-arts-curriculum\_forms**](http://www.uwinnipeg.ca/index/dean-arts-curriculum_forms) **for detailed guidelines.**

Department: Submission Date:

Year of Publication in the Graduate Studies Academic Calendar: 2025-2026

A. **PROPOSED COURSE REACTIVATION**

Department/Program Code: 4-Digit Course Number:

Credit Hours:

Cross-Listed Department/Program Code and 4-Digit Course Number:

Full Course Title:

Title Abbreviation:

Instructional Code and Hours of Instruction per week

\*Instructional code indicates type of course: e.g. apprenticeship/internship/practicum (A); directed reading (D); lab (La); lecture (Le); project/thesis (P); seminar/discussion (S); or tutorial (T). The number of hours of instruction per week may be fixed (e.g. 3) or variable (V). Please see Curriculum Forms for more details.

Fee Description: Graduate program fees apply.

CALENDAR DESCRIPTION:

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Please check applicable boxes and provide necessary information.

Prerequisites:

Corequisites:

Additional Requirements:

Restrictions (ineligible students):   
 Permission of the Chair (or designate)  
 Permission of the Instructor

B. RATIONALE: (Explain why you are applying for the reactivation. Please do not exceed 300 words.)

C. RELATIONSHIP WITH OTHER PROGRAMS

1. Could this revised course now be suitable in any other disciplinary/interdisciplinary major(s)? Yes

If yes, identify:

2. Could this revised course now be of interest to students in any other program/department? Yes

If yes, identify:

3. Is, will, or could this course now be cross-listed with another program/department? No

If yes, identify:

4. Do the revisions you have made result in overlap of content with any other course(s) presently taught at the UW? No

If yes, identify:

5. Is an FYI to another department appropriate? No

If yes, identify:

**If yes to any of the above, complete Attachment 1 and send to the relevant department/program for their formal response.**

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Name of GPC Chair

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Signature of GPC Chair Date

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Name of Department Chair

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Signature of Department Chair Date