**REVISIONS TO EXISTING GRADUATE COURSE**

**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 if there’s a change in the calendar description, change in prerequisites/corequisites or change in restrictions.**
* **If this is a change in number, please submit a New Course Proposal form and a Course Deletion Proposal form.**

**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

I. A. **CURRENT CALENDAR ENTRY**

STATUS (Active; Inactive): Active

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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. **PROPOSED CALENDAR ENTRY – Please highlight the changes in yellow**

STATUS (Active; Inactive): Active

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 (100 word maximum, not including notes. Please use present tense):

**\*Note that by default, topics courses may only be taken once for credit. If a topics course may be repeated for credit, add the following statement to the course description: “This course may be repeated for credit when the topic varies.”**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

C. RATIONALE: (e.g., Why is this course being revised? How does it affect your program? How does this revision enhance the overall university curriculum?) Please do not exceed 300 words.

II. 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.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of GPC Chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of GPC Chair Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Department Chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Department Chair Date