Admissions Proposal Form

Okanagan Campus

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| Faculty/School: Faculty / School **Dept./Unit:** Unit  **Faculty/School Approval Date:** Month Day, Year  **Effective Session:** 20XXW or S | | **Date:** Month Day, Year  **Contact Person:** Dr. X  **Phone:** 250.807.XXXX  **Email:** XXX@ubc.ca |
| Type of Action: [delete other choices] New Admissions requirements – University level  New Admissions requirements – Faculty / College level  New Admissions requirements – Program level  Revise Admissions requirements – University level  Revise Admissions requirements – Faculty / College level  Revise Admissions requirements – Program level  Revision policy  Other: | | |
| **Rationale:** [explain why type of action is needed; please provide context and rationale as intended audience is from various Faculties]  **TEXT** | | |
| **Proposed Academic Calendar Entry:** | **Draft Academic Calendar URL:**  **URL**  [URL from the draft Academic Calendar <http://www.calendar.ubc.ca/okanagan/proof/edit> – **not** the current, posted Academic Calendar.  **Present Academic Calendar Entry:**  (Cut and paste from the draft Academic Calendar.) | |