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 levelNew Admissions requirements – Faculty / College levelNew Admissions requirements – Program levelRevise Admissions requirements – University levelRevise Admissions requirements – Faculty / College levelRevise Admissions requirements – Program levelRevision policyOther: |
| **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.)  |