Admissions Consultation Request

Okanagan Campus

**Originating from:**

Faculty/School/Unit:

First & Last Name:

Email & Phone:

Proposing Admissions Changes to Policy / Program Title(s): (See attachments)

To be completed by respondent:

 **Respondent:**

Faculty/School/Unit:

First & Last Name:

Email & Phone:

Response: (X a box)

[ ] Support

[ ] No Relevance

[ ]  DO NOT Support (reasons must be detailed below)

Comments:

Respondent’s

Signature, Date:

Please return signed form to originator.