Curriculum Budget Impact

Course/Program – Okanagan campus

From:

Faculty/School/Unit:

First & Last Name:

 @ubc.ca

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Email & Phone:

Curriculum change(s): (One form may be used for multiple changes with similar budget impact)

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| Indicate the implications of the proposed curriculum changes, including any budgetary impact such as teaching commitments, lab costs, TA costs, etc. and provide a brief explanation of additional resources, if required: |

**Select from one of the following two choices:**

[ ]  **NO. The Faculty’s assumptions do not need to be reviewed by the Provost Office. The Faculty can cover the risks.**

[ ]  **YES. The assumptions by the Faculty have been reviewed by the Provost Office.**

If YES, approval and signature of the Provost’s office will be required before the proposal is presented to Senate. And if the UBC Okanagan Library Curriculum Consultation form indicates that the proposal cannot be supported without additional resources, approval and signature of the Chief Librarian will also be required.

Signature of Department/Unit Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Provost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mandatory for all new program proposals and for significant curriculum changes)

Signature of Chief Librarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if additional Library budget is required)