Curriculum Consultation Request

YYYYMMDD

Course/Program – Okanagan campus

**Originating from:**

Faculty/School/Unit:

First & Last Name:

 @ubc.ca

7-

Email & Phone:

Proposing Curriculum Changes to Course #s / Program Title(s): (See attachments)

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| --- |
|  |

To be completed by respondent:

 **Respondent:**

Faculty/School/Unit:

First & Last Name:

Email & Phone:

7-

 @ubc.ca

Response: (X a box)

[ ] Support

[ ] No Relevance

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

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| --- |
|  |

Respondent’s

Signature, Date:

Please return signed form to originator.