**Okanagan Curriculum Consultation Report**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Proponent:** Proponent name. | | | | | **Email:** Proponent email. |
| **Faculty/School/Department:** Faculty/School/Dept name. | | | | | |
| **Proposed Curriculum Change** (see attachments)**:** | | | | | |
| Proposed curriculum change. | | | | | |
| **Which units were sent a consultation request?** | | | | | |
| **APSC** |  | **HSD** |  | **Other** (e.g. Enrolment Services, Aboriginal Programs & Services) | |
| **EDUC** |  | **MGMT** |  |
| **FASS** |  | **NRSG** |  | Please specify. | |
| **FCCS** |  | **SOCW** |  |
| **FOS** |  | **COGS** |  |
| **HMKN** |  |  |  |

**Provide a summary of how concerns or issues raised during the consultation process were addressed.**

**If the respondent has indicated their program offers a similar course, please explain why the proposed course is needed.**

Note: As per the [Curriculum Guidelines](https://senate.ubc.ca/okanagan/curriculum/forms), recommendations provided in consultation request forms must be acted upon, or the proponent must indicate its rationale for choosing not to act upon the recommendation.