**Okanagan Curriculum Consultation Report**

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| **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.