**Curriculum Consultation Report** **Form**

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| Faculty: Select a Faculty |
| **School/Department/Unit:** **School/Department/Unit** |
| **Contact Person:** **Name of contact person** |
| **Email: email@ubc.ca**  | **Phone: 250.807.XXXX** |
| **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. |
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