**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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