Curriculum Budget Impact Form

Course/Program

|  |
| --- |
| 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:**   |
| **Budgetary and Operational Impact(s):** (Indicate the implications of the proposal including any budgetary impact such as teaching commitments, lab costs, TA costs, etc. and include the results of consultations with IT Services, Enrolment Services, and Infrastructure Development.) |

**Select from one of the following two choices:**

[ ]  **NO. The Faculty’s assumptions do not need to be reviewed by the Provost Office. The Faculty can cover the risks.**

[ ]  **YES. The assumptions by the Faculty have been reviewed by the Provost Office.**

If YES, approval and signature of the Provost’s office will be required before the proposal is presented to Senate. If the UBC Okanagan Library Curriculum Consultation form indicates that the proposal cannot be supported without additional resources, approval and signature of the Chief Librarian will also be required.

Signature of Department/Unit Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Provost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mandatory for all new program proposals and for significant curriculum changes)

Signature of Chief Librarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if additional Library budget is required)