Curriculum Consultation Request Form

YYYYMMDD

Course/Program

|  |
| --- |
| Originator: |
| 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:**   |

To be completed by respondent:

|  |
| --- |
| Respondent: |
| Faculty: Select a Faculty |
| **School/Department/Unit:** **School/Department/Unit** |
| **Contact Person:** **Name of contact person** |
| **Email: email@ubc.ca**  | **Phone: 250.807.XXXX** |
| **Response:**Response: (X a box)[ ] Support[ ] No Relevance[ ]  DO NOT Support (reasons must be detailed below) |
|  |

Respondent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return signed form to originator.