

**Motion Number (assigned by**

**Steering Committee of Senate):**

**SENATE COMMITTEE ON ACADEMIC AFFAIRS**

**NEW ACADEMIC PROGRAM PROPOSAL**

***(Instructions for completing this form are highlighted in yellow. Please remove all text which is highlighted in yellow once the form has been completed)***

***(Please complete the sections highlighted in blue in the footer of this document)***

**Motion:** That the new … be approved as proposed.

**A. General Information** (Insert information as appropriate, or indicate “none” or “not applicable”; do not leave sections blank)

**Program Title:**

**Program Objectives:**

**Credential upon Completion of the Program:**

**Program Offering the Degree:** (indicate Program responsible for purposes of clarifying where Program description / calendar text should be placed in the calendars, e.g., “Biology” rather than “Ecosystem Science and Management”)

**Proposed Start Date:** (Month and year, generally the start of a Semester; e.g., September 2024, January 2024, or May 2024)

**Suggested Institutional Priority:** (Rationale to be provided)

**Relationship of Proposed Program to the Mandate of the Institution:**

**Implications for the Cooperative Education Option:** (Indicate substance of discussions with Co-op Office)

**Specialties within Program:** (if applicable)

**Related Programs at Other Institutions:** (Indicate the substance of equivalent or overlapping programs at other BC Institutions)

**Relation to Existing Programs:** (Indicate the ways in which the proposed program will reinforce or complement existing UNBC programs)

**Articulation Arrangement:** (Describe any program articulation arrangement(s))

**Consultations with Other Institutions:** (Indicate the substance of any such discussions)

**B. Program Description** (Insert information as appropriate, or indicate “none” or “not applicable”; do not leave sections blank)

**General Calendar Description:** (Provide exact proposed Calendar text, including any program-specific regulations)

**Curriculum:**  (List degree requirements as they are proposed to appear in the Calendar. Submit a *New Course Approval Form* for each proposed new course)

**C. Need for Program** (Insert information as appropriate, or indicate “none” or “not applicable”; do not leave sections blank)

**Enrolment Projections:** (Normally, a five-year projection is expected, with a clear rationale)

**Cultural, Social and Economic Needs:**

**Labour Market Demands:** (If applicable, with supporting documentation)

**Other Benefits:**

**D. Faculty** (Insert information as appropriate, or indicate “none” or “not applicable”; do not leave sections blank)

**Faculty list:** (List all Faculty that will be involved in teaching for this Program, and clearly indicate any new Faculty positions that will be required)

**Expected Teaching Loads:**

**Research Funding:**

**E. Program Delivery** (Insert information as appropriate, or indicate “none” or “not applicable”; do not leave sections blank)

**Distance Learning Components:** (If none, please so indicate)

**Class Size and Structure:**

**Experiential Learning:**

**F. Program Resources** (Insert information as appropriate, or indicate “none” or “not applicable”; do not leave sections blank)

**Administrative Requirements:**

**Operating Requirements:**

**Capital Requirements:**

**Start-up Costs:**

**Special Resource Requirements:**

**G. Library Resource Requirements** (See attached form) (complete Library form in this folder and submit with motion form)

**H. Evaluation** (Insert information as appropriate, or indicate “none” or “not applicable”; do not leave sections blank)

**Academic Quality of Program:**

**Methods of Internal Institutional Review:**

**Relevant External Program Experts:**

1. **Miscellaneous**  (Insert information as appropriate, or indicate “none” or “not applicable”; do not leave sections blank)

**Special Features:**

**Attachment Pages (in addition to required Library Form):**  **#** pages (fill in number of pages, or indicate “0” if there are no additional attachment pages)

1. **Authorization**

**Faculty(ies):** (if applicable, or state “not applicable”)

**Faculty Council Motion Number(s):** (if applicable, or state “not applicable”)

**Faculty Council Approval Date(s):** (if applicable, or state “not applicable”)

***PLEASE COMPLETE AND INCLUDE LIBRARY FORM (WHICH MUST BE SUBMITTED WITH THIS FORM) AND MOTION FORMS ARE NOW COMPLETE — PLEASE DISREGARD THE BLOCK BELOW***

|  |
| --- |
| **INFORMATION TO BE COMPLETED AFTER SENATE COMMITTEE ON ACADEMIC AFFAIRS MEETING**  **Brief Summary of Committee Debate:**  **Motion No.:** SCAAF  **Moved by:**  **Seconded by:**  **Committee Decision:**    **Approved by SCAAF**:  **Date Chair’s Signature**  **For recommendation to**  ✓ **, or information of**  **Senate.** |