

# \*\*ATTACH COURSE OUTLINE \*\*\*

**Aboriginal** **Curriculum/Program Articulation Committee (ACPAC) NEW OR CHANGED COURSE SUMMARY**

Submitting staff is responsible for any edits/corrections required by ACPAC

* New Course 🞎 Changed Course

# IF THIS IS A NEW COURSE PROVIDE ALL OF THE FOLLOWING INFORMATION

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| --- | --- | --- | --- | --- | --- |
| Program: | | | | Date of Submission: | |
| Course Abbreviation & Proposed Number: WLN 100 | | Date Of Expected First Offering: | | | No. of Credits: |
| Level Of Study:   * First Year 🞎 Second Year 🞎 Not Applicable | | | Grading Format:   * Letter Grade 🞎 Percentage Grade 🞎 Credit/No Credit | | |
| Course Title: (Note: Student Records System Stores 80 Characters, Prints 30) | | | | | |
| Total Course Hours: | Total Lecture Hours: | | | Total Lab Hours: 0 | |
| Total Practicum Hours: | Other: | | | Max Enrollment Per Collective Agmnt: | |
| Prerequisite: | | | | Co-Requisite: | |
| Required Instructor Qualifications:  Required Instructional Assistant Qualifications: Social Service Worker Certificate or equivalent educational background. | | | | | |
| Brief description of course change (use attachment if necessary): | | | | | |

**SIGNATURES REQUIRED BEFORE FORMS SUBMITTED TO ACPAC NOTE: ELECTRONIC SIGNATURES ACCEPTED**

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| **NAME (PLEASE PRINT)** | **SIGNATURES** | **DATE** |
| **PROGRAM COORDINATOR OR ACADEMIC HEAD** |  |  |
| **CLUSTER CHAIR** |  |  |
| **PROGRAM DEAN** |  |  |
| **COLT DEAN** |  |  |
| **REGISTRAR**  **(COURSE NAME AND NUMBER IN ‘NEW’ COURSE)** |  |  |
| **ACPAC CHAIR** |  |  |
| **CIP CODE (REGISTRAR)** |  | |

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