



**Aboriginal Curriculum/Program Articulation Committee
ACPAC
NEW OR CHANGED PROGRAM SUMMARY**

NEW PROGRAM: <input type="checkbox"/>	PROGRAM CHANGE: <input type="checkbox"/>	NEW CREDENTIAL: <input type="checkbox"/>			
DATE:					
PROGRAM NAME:					
PROPOSAL SUBMITTED BY:					
CAMPUS:					
EFFECTIVE/START DATE:					
PROGRAM PREREQUISITES:					
BRIEF DESCRIPTION OF PROGRAM CHANGE (USE ATTACHMENT IF NECESSARY):					
TOTAL PROGRAM CREDITS:		TOTAL PROGRAM HOURS:			
PROPOSED NEW PROGRAM CURRICULUM (USE ATTACHMENT IF NECESSARY):					
COURSE #	COURSE NAME	CREDITS	HOURS	PREREQUISITES	CO-REQUISITES
TOTAL					

Other Documentation Required: Course Summary Forms and Course Outlines for courses listed above. (Forms available on portal)

NEW OR CHANGED PROGRAM SUMMARY FORM

SIGNATURES REQUIRED BEFORE FORMS SUBMITTED TO ACPAC

NOTE: ELECTRONIC SIGNATURES ACCEPTED

NAMES (PLEASE PRINT)	SIGNATURES	DATE
PROGRAM COORDINATOR OR ACADEMIC HEAD		
CLUSTER CHAIR		
PROGRAM DEAN		
DEAN OF CENTER OF RESEARCH AND LEARNING TRANSFORMATION (COLT)		
REGISTRAR (PROGRAM NAME IF NEW PROGRAM)		
ACPAC CHAIR		
CIP CODE (REGISTRAR)		
DIVISOR (REGISTRAR)		