**Major Program Change Form**

All major changes to programs of instruction will be presented to the Program Implementation Committee for review.

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| Program Title/Code:  |  |
| Credential:  |  |
| School: |  |
| Program Intakes: | [e.g.: F,W,S] |
| School Dean: |  |
| Proposed Effective Date:  | [September 2022] |

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| **Check box for Major Program level Change type(s):** **Note:** All changes are cumulative in nature and are in reference to the most recent program funding approval. |
| [ ]  Program title modification[ ]  Changes to the funding status of the program (funded to non-funded or vice versa)[ ]  Changes to the program learning outcomes, resulting in a change of a minimum of twenty-five percent of the learning outcomes[ ]  Changes to the program learning outcomes resulting in a greater or lesser degree of specialization such that a distinct program is created[ ]  Changes to the program learning outcomes resulting in a program that no longer meets ministry program standards[ ]  The total length of the program increases or decreases by a minimum of twenty-five percent [ ]  The total hours of the program increase or decrease by a minimum of twenty-five percent[ ]  The instructional settings of the program are modified by a minimum of twenty-five percent. [ ]  Changes to program admission requirements that are more stringent. \*These changes need to be presented to Ontario College Application System (OCAS)[ ]  Change to delivery method of the program (conversion to fully online, increasing/decreasing # intakes)[ ]  Change to work integrated learning experience (e.g. placement/practicum, research project, co-op) |
| **Program Change Rationale** |
| Describe the reason(s) that brought about the need for proposed major changes to the program (e.g., updated program standards).  | If so, please describe and show plan; |
| List and provide any accompanying documents that ***describe the changes*** and ***support the*** ***reason(s)*** for the change.  | If so, please describe and show plan; |
| **Impact on curriculum** |
| Are the program learning outcomes and essential employability outcomes still being met? Describe. | If so, please describe and show plan; |
| **Impact on other schools** |
| If change involves a service course change involving GAS (COMM, COMP, PSYC, MATH, General Education), please consult with the Dean of GAS and describe the impact that the change will have.  | If so, please describe and show plan; |
| **Impact on transferability** |
| What is the impact for students transferring within Fleming College?What is the impact for students transferring outside of Fleming College? Do the changes align with similar programs offered at other colleges?Do these changes affect current articulation agreements, pathway options, or external partnerships? | If so, please describe and show plan; |
| **Impact on students** |
| Do the changes affect current, in-stream students and/or new cohort only? How will students be informed of the changes? What strategies have been put in place to help students manage the changes? (if necessary) | If so, please describe and show plan; |
| **Impact on operating budgets** |
| Are there budget implications as a result of the changes, such as human resources (staff/faculty)?Are there implications for student support service departments? What strategies have been put in place to manage these implications/requirements?  | If so, please describe and show plan; |
| **Impact on capital space and equipment** |
| Do the changes affect general purpose space and/or specialized space?Are there renovations to existing space required?Are there new space requirements?Do the changes require new equipment purchases? | If so, please describe and show plan; |

**Once completed, this form is to be submitted to the Dean, Academic Quality.**

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| **Program Implementation Committee****Meeting Date:** |  |

**Signatures:**

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| School Dean/Designate Name:  | Signature | Date |
| Vice-President, Academic Experience Name: | Signature | Date |
| Vice-President, Academic OperationsName: | Signature | Date |
| Academic Quality Office | Signature | Date |
| Internal Review:* Board of Governors
 |  | Final decision by VPA: |
| External Review/Approval:* Credential Validation Services (CVS)
* Ministry of Colleges and Universities (MCU)
 |  | Final decision by VPA: |