

New Program/Major or Minor/Concentration Proposal Form

(2013)

1.0 Degree Title Please specify the two degrees for concurrent degree programs	2.0 Administering Faculty/Unit
1.1 Major (Legacy= Subject)(30-char. max.)	Offering Faculty/Department
1.2 Concentration (Legacy = Concentration/Option) If applicable to Majors only (30 char. max.)	3.0 Effective Term of Implementation (Ex. Sept. 2004 = 200409) Term
1.3 Minor (with Concentration, if Applicable) (30 char. max.)	

4.0 Rationale and Admission Requirements for New Proposal

5.0 Program Information Please check appropriate box(es)

5.1 Program Type
Bachelor's Program

6.0 Total Credits

7.0 Consultation with Related Units	Yes <input checked="" type="checkbox"/>	No
Financial Consult	Yes	No <input checked="" type="checkbox"/>
Attach list of consultations.		

Signature

Date

5 Feb 2016

016-02-14

26 1

sbc1 2 671

17

[Redacted]

Submitted by

Name

[Redacted]

To be completed by ARR

Phone

[Redacted]

C P Code

Email

Submission Date

APPENDIX 1

**CONSULTATION REPORT FORM
RE PROGRAM PROPOSALS**

DATE: 19 August 2015

TO: Chair of the Epidemiology, Biostatistics and Occupational Health Department
Dr Gilles Paradis
Tel.: 514-398-6259
chair.epid@mcgill.ca

FROM: Program manager at the Center for Global Surgery - MUHC
Cybil Abou Rizk
Tel.: 514-585-7522
program.manager@cglobalsurgery.com

**Would you be good e
form, whether or not
Specifically, the cours
courses.**

NO OBJECTIONS

SOME OBJECTIONS

COMMENTS:

Signature:

Date:

