



<p>1.0 Degree Title Please specify the two degrees for concurrent degree programs</p> <input type="text" value="Bachelor of Science"/>	<p>2.0 Administering Faculty/Unit</p> <input type="text" value="Science"/>
<p>1.1 Major (Legacy= Subject)(30-char. Max.)</p> <input type="text" value="Joint Honours Statistics and Computer Science"/>	<p>Offering Faculty/Department</p> <input type="text" value="Science / Mathematics and Statistics"/>
<p>1.2 Concentration (Legacy = Concentration/Option) If applicable to Majors only (30 char. max.)</p> <input type="text"/>	<p>3.0 Effective Term of Implementation (Ex. Sept. 2004 = 200409) Term</p> <input type="text" value="200709"/>
<p>1.3 Minor (with Concentration, if Applicable) (30 char. max.)</p> <input type="text"/>	

4.0 Rationale for new proposal

5.0 Program Information
Please check appropriate box(es)

<p>5.1 Program Type</p> <input checked="" type="checkbox"/> Bachelor's Program <input type="checkbox"/> Master's <input type="checkbox"/> M.Sc. (Applied) Program <input type="checkbox"/> Dual Degree/Concurrent Program <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Graduate Certificate <input type="checkbox"/> Graduate Diploma <input type="checkbox"/> Ph.D. Program <input type="checkbox"/> Doctorate Program (Other than Ph.D.) <input type="checkbox"/> Private Program <input type="checkbox"/> Off-Campus Program <input type="checkbox"/> Distance Education Program (By Correspondence) <input type="checkbox"/> Other (Please specify) <input type="text"/>	<p>5.2 Category</p> <input type="checkbox"/> Faculty Program (FP) <input type="checkbox"/> Major <input type="checkbox"/> Joint Major <input type="checkbox"/> Major Concentration (CON) <input type="checkbox"/> Minor <input type="checkbox"/> Minor Concentration (CON) <input type="checkbox"/> Honours (HON) <input checked="" type="checkbox"/> Joint Honours Component (HC) <input type="checkbox"/> Internship/Co-op <input type="checkbox"/> Thesis (T) <input type="checkbox"/> Non-Thesis (N) <input type="checkbox"/> Other Please specify <input type="text"/>	<p>5.3 Level</p> <input checked="" type="checkbox"/> Undergraduate <input type="checkbox"/> Dentistry/Law/Medicine <input type="checkbox"/> Continuing Ed (Non-Credit) <input type="checkbox"/> Collegial <input type="checkbox"/> Masters & Grad Dips & Certs <input type="checkbox"/> Doctorate <input type="checkbox"/> Post-Graduate Medicine/Dentistry <input type="checkbox"/> Graduate Qualifying <input type="checkbox"/> Postdoctoral Fellows
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6.0 Total Credits

7.0 Consultation with Related Units Yes No
Financial Consult Yes No
 Attach list of consultations.

10.0 Approvals

Routing Sequence	Name	Signature	Date
Department	S. W. Drury		
Curric/Acad Committee			
Faculty 1			
Faculty 2			
Faculty 3			
SCTP			
GS			
APPC			
Senate			

Submitted by

Name

Phone

Email

Submission Date

To be completed by ARR:

CIP Code