McGill

Program/Major or Minor/Concentration Revision Form

1.0 Degree Title	2.0 Administering Faculty/Unit
Specify the two degrees for concurrent degree programs	
	Offering Faculty/Department

7.0 List of existing program and proposed program

<table>
<tr><td colspan="4">8.0 Consultation with
Related Units   Yes   No   Financial Consult   Yes   No

Attach list of consultations</td></tr>
</table>

9. Approvals			
Routing Sequence	Name	Signature	Date
Department			
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