**SQC Report**

**School of [name]**

**Review of Course Outline**

**Course Name:**

**Program Name:**

**Course Author:**

**Date Reviewed:**

**Committee Members Present:**

| **Criteria & SQC Comments** | **Program Response** |
| --- | --- |
| ***Rationale for new course***(clear rationale, alignment with program goals) |  |
| 1. ***Course Name & Number***
 |  |
| 1. ***Credits / Delivery Type***

(credit calculation, delivery type aligns with course content) |  |
| 1. ***Prerequisites***
 |  |
| 1. ***Course Description***
 |  |
| 1. ***Learning Outcomes***

(clear expectations, appropriate rigour for proposed course number, stated in measurable/observable language) |  |
| 1. ***Evaluation Criteria***

(alignment with learning outcomes) |  |
| 1. ***Learning Resources***
 |  |

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| **School Quality Committee Recommendations:** The issues and concerns itemized above need to be considered and addressed, and a response submitted by the Program Champion.  The SQC endorses the Course Outline. |

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| Prepared by:  |  | Date: |  |
|  | *School Quality Committee Chair* |  |  |
|  |  |  |  |
| Approved by: |  | Date |  |
|  | *Dean*  |  |  |