**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* |  |  |