APPENDIX 4: GRADUATE COURSE REVISION FACULTY OF ARTS AND SCIENCE/SCHOOL OF GRADUATE STUDIES Curriculum Submission

DEPARTMENT:				
COURSE CODE/NUMBER:				
Submission Contact	Name:			
	Phone #:			
	Email:			
	Date:			
Signature of Departm	ent Head/Program Direct	or:		
Signature of Coordina	ator of Graduate Studies:			
Submission to which	lead Council? A	RTS	SCIENCE	
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Insert the REVISED provided. EXAMPLE	Calendar description in	n the box below, an	d delete the example	
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