**Academic Approval Council**

**Request for Approval/Recommendation Form**

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| Date Submitted: Click or tap to enter a date. |
| AAC Meeting Date: Click or tap to enter a date. |
| Program: Choose an item. |
| Presenter(s): |

**Adoption and Use of Education Technology**

**Course Outline:  New  Existing**

**Curriculum Quality Assurance Report**

**Model Route (approved programs only)**

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| Please provide a brief description of the request: |

**EVIDENCE OF CONSULTATION WITH RELEVANT STAKEHOLDER(S):** *additional stakeholders can be added by clicking anywhere in the box and then the + key that is located to the right*

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| Stakeholder: Choose an item. |
| Please provide a brief description of the stakeholder’s feedback: |
| Stakeholder: Choose an item. |
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| Stakeholder: Choose an item. |
| Please provide a brief description of the stakeholder’s feedback: |

**EXPECTED IMPACT:** Please describe the impact of the changes on the following including how it will be measured. Please include detailed evidence

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| Student Experience: |
| Program Resources (e.g., staffing, equipment): |
| Institutional Resources (e.g., space, infrastructure): |

Suggested Date of Implementation: Click or tap to enter a date.

**APPROVED**

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| Recommendations, if any: |

AAC Chair Date

**RESUBMISSION REQUIRED**

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| Rationale: |

**COPY TO:**

Academic Chair

Head of Academic Affairs or designate

Centre for Learning Innovation & Simulation (CLIS)

Other (please specify):