Proposal Template: Reactivation of Programs and Specializations

Use this template for proposals to reactivate programs and specializations that have been suspended with ministry-approval.

Institutions should:

* ensure that submission content is concise. Any additional information may be appended;
* indicate “not applicable” when questions are not relevant to a particular proposal; and
* ensure that applicable supporting documents are attached to the proposal.

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| **SECTION A: PROPOSAL OVERVIEW** |

**Basic Information** *(Complete the table below)*

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| --- | --- |
| **Institution** |  |
| **Program Name** |  |
| **Specialization Name**  |  |
| **Credential Awarded**  |  |
| **Start date of suspension** |  |
| **End date of suspension** |  |
| **Proposed date of reactivation** |  |

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| 1. **Suspension Rationale**
 |
| 1. Summarize reasons for the suspension of the program. Attach historical suspension? proposal, if relevant.
 |
| **Reviewer’s Comment:** |
| **Reactivation Rationale** *(Answer the following questions)* |
| 1. Briefly describe how issues identified as the rationale for original suspension have been addressed.
 |
| 1. Lists reason(s)/benefit(s) for reactivating this program, including those related to student and labour market demand, when relevant:
 |
| **Reviewer’s Comment:** |
| **Program Description** *(Answer the following questions)* |
| 1. Attach (as an appendix to this proposal) a concise program description document that includes:
* 3-4 sentence calendar description of the program and attach program of study;
* any substantive differences in program (e.g., credits, course sequencing, program delivery method, etc.) since time of suspension and proposed reactivation for the program;
* currency of curriculum has been maintained for the reactivated program; and
* If any, substantive differences in program learning outcomes at the time of suspension compared to the time of proposed reactivation. (Including list of program learning outcomes to proposal.)
 |
| 1. Will this program be offered at any new location(s) (e.g., campus locations) different from that (or those) at the time of suspension?

[ ]  Yes; or [ ]  No |
| 1. If yes to the above question, identify new location(s).
 |
| **Reviewer’s Comment:** |

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| **SECTION B: REACTIVATION CONSIDERATIONS** |

1. **Enrolment Planning** *(Complete the table below as applicable)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Proposed Enrolment** | **1st Year of Implementation**  | **2nd Year of Implementation** | **3rd Year of Implementation** | **4th Year of Implementation** | **Annual Ongoing** |
| **Total Head count** | 0 | 0 | 0 | 0 | 0 |
| * 1st Year of Study
 | 0 | 0 | 0 | 0 | 0 |
| * 2nd Year of Study
 | 0 | 0 | 0 | 0 | 0 |
| * 3rd Year of Study
 | 0 | 0 | 0 | 0 | 0 |
| * 4th Year of Study
 | 0 | 0 | 0 | 0 | 0 |
| * 5th Year of Study
 | 0 | 0 | 0 | 0 | 0 |
| **Anticipated No. of Graduates** | 0 | 0 | 0 | 0 | 0 |
| **Reviewer’s Comment:** |

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| 1. **Capacity** *(Answer the following questions)*
 |
| 1. Have there been any significant changes in staffing or facilities that would affect the institution’s capacity to deliver this program?

[ ]  Yes or [ ]  No |
| 1. If yes to the above question, briefly describe these changes.
 |
| **Reviewer’s Comment:** |

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| 1. **Budget and Tuition** *(Answer the following questions)*
 |
| 1. Student Costs *(Complete the table below)*
 |
| * *Tuition for program at time of suspension*
 | $  |
| * *Proposed tuition for reactivated program*
 | $ |
| * *Estimated student fees for reactivated program*
 | $ |
| * *Estimated supplies/textbooks costs*
 | $ |
| 1. If the program will involve significant costs for supplies/textbooks for students, identify them below:
 |
| 1. Is the program compliant with the Tuition and Fee Regulation?

[ ]  Yes or [ ]  No |
| 1. Is the budget for the reactivated program balanced and sustainable?

[ ]  Yes or [ ]  No |
| 1. If no, please describe how this program will be supported.
 |
| **Reviewer’s Comment:** |

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| **SECTION C: INSTITUTIONAL AND REGULATORY APPROVAL/SUPPORT** |

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| 1. Provide specific information about which internal governance body or administrator approved the reactivation and provide date of approval.
 |
| 1. If applicable, describe endorsement(s) from relevant professional organizations, regulatory bodies, and/or advisory committees.
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| **Reviewer’s Comment:** |

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| **SECTION D: OTHER CONSIDERATIONS** |

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| **Other considerations** |
| 1. Are there other factors or considerations the Ministry should take into account when reviewing this proposal?
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| **Reviewer’s Comment:** |

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| **RECOMMENDATION (FOR DEPARTMENT USE)** |
| **Recommendation(s):** |
| **Rationale for Recommendation:** |
| **Reviewer(s):** |
| **Date Completed:** |