

**Faculty of Humanities and Social Sciences
Graduate Studies Calendar Change Proposal**

Department of

Graduate Course:

ADMINISTRATIVE AUTHORIZATION

By signing below, you are confirming that the attached Calendar changes have obtained all necessary Faculty/School approvals, and that the costs, if any, associated with these changes can be met from within the existing budget allocation or authorized new funding for the appropriate academic unit.

Signature of Dean/Vice-President: _____

Date: _____

Date of approval by Faculty/Academic Council: _____