

# ACR PROGRAM CHANGE CHECKLIST, 2020-21

## PROGRAM INFORMATION

<b>Program Title:</b>	
<b>Program Number:</b>	<b>Date Submitted:</b>
<b>Credential:</b> College-Approved Certificate      Ontario College Certificate      Ontario College Diploma Ontario College Advanced Diploma      Ontario College Graduate Certificate      Degree Apprenticeship      Pre-Apprenticeship	
<b>Multi-delivery program</b> (ex. program also offered through CCOL or on another campus)? Yes      No Confirm agreement with changes and continued alignment by each affiliate chair's signature below. <i>*Ideally, one Program Change Checklist should be submitted for all aligned offerings.</i>	
<i>I have read the reasons for the changes and endorse the changes contained within this document.</i>	<i>Signature and date</i>
Chair (Program Alignment Lead):	
Dean (Program Alignment Lead):	
Chair(s) (affiliate program delivery impacted by change):	
Dean(s) (affiliate program delivery impacted by change):	

## BASIS FOR PROGRAM CHANGES

**My program changes are based on (check all that apply):**

- New MTCU Program Standard
- Recent Program Quality Review (PQR)
- Program Advisory Committee feedback
- Requirement to make editorial revisions
- Student feedback
- KPI results
- Accreditation or other regulatory requirements
- Annual Program Performance Review (program mix)
- Program Alignment Activities
- Other (please describe):

*Please provide a high-level overview of your changes and how they reflect the rationale indicated above.*

## ANNUAL CURRICULUM REVIEW: WHAT CHANGES DID YOU MAKE?

### 1) I made no changes. The 2020-21 program version is identical to the 2019-20 program version.

*If you made zero changes, you are now finished with the 2020-21 ACR Program Change Checklist and do not need to complete the rest of this form.*

### 2) I made editorial changes.

- a) I made changes to the program narrative.
- b) I made changes to course descriptions.

*If you did not make any Program of Study changes, you are now finished with the 2020-21 ACR Program Change Checklist and do not need to complete the rest of this form.*

### 3) I made Program of Study (POS) changes by:

- a) Adding course(s)
- b) Deleting course(s)
- c) Increasing/Decreasing course hours
- d) Adding/modifying Pre/Co-requisites and/or Equivalencies
- e) Changing progression grade requirements
- f) Changing the grading system (ex. Change A+-F to Pass/Fail)
- g) Changing the co-op term progression

## PROGRAM OF STUDY CHANGES CHECKLIST

### 1) Do you want your POS changes to be retroactive? Yes No

If yes, years impacted: 2020-21  2019-20  2018-19  2017-18

*Please provide a rationale for requiring a retroactive change. Requests without a rationale will not be accepted. Refer to the Retro Change Guidelines document to understand how retro changes impact programs.*

### 2) Do you need Learning and Teaching Services support and funding to develop new courses?

**Yes No** *If yes, please list a rationale, the new course code, title, level in POS, and developer/ contact name.  
[Example: CST2234 Beginner C++, level 3, contact program coordinator Carolyn Côté, course being redeveloped to incorporate new VLOs from updated Program Standard]*

For guidelines on funding for course development, please visit:

[https://www.algonquincollege.com/lts/files/2017/09/MEMO-Course-Development-Funding-Allocations-20170628\\_final-docx.pdf](https://www.algonquincollege.com/lts/files/2017/09/MEMO-Course-Development-Funding-Allocations-20170628_final-docx.pdf). Note that funding is not guaranteed by this request. Learning and Teaching Services will contact departments to confirm how funding is being allotted.

3) Do your changes impact student progression (ex. impact on off-cycle or reach-ahead students due to POS changes; impact of raising the minimum grade for course progression from D- to C)?  
 Yes      No      *If yes, please explain below.*

4) Does your proposed Program of Study affect Work Integrated Learning (WIL) opportunities?  
 Yes      No      *If yes, please explain below. [Example: changing WIL from a placement to a learning enterprise.]*

5) Does your proposed Program of Study affect co-op opportunities (ex. change in term progression, change to skills available to employers at the time of co-op)?  
 Yes      No      *If yes, please explain below and confirm that you have notified co-op. Confirmed*

6) Please confirm that your changes maintain existing Pathway Agreements (e.g., bridging articulations, laddering, or advanced standing) with other Algonquin program(s) and/or other institution(s). Confirmed

7) Please confirm that the Program continues to meet the General Education requirements (Policy AA27), as listed below. Confirmed

General Education Requirement	Algonquin College Certificate	Ontario College Certificate	Ontario College Diploma	Ontario College Advanced Diploma	College Graduate Certificate
Courses required	N/A	1	3	3	N/A
Courses that may be mandated	N/A	1	2	2	N/A
Minimum themes covered	N/A	1	2	2	N/A
Minimum themes available	N/A	1	5	5	N/A

9) Are the program hours consistent with the Ontario Qualifications Framework requirements (not applicable for degrees) as listed in Appendix A? Yes      No      *If no, please explain below:*

10) Please fill out the Vocational Learning Outcomes (VLOs) and Essential Employability Skills (EES) mapping in Appendices B and C for any course that has been added or relocated. This mapping will be entered by Course Writers during the COMMS entry in Spring 2020. If you did not add or relocate course(s), then this is not required; however, it's recommended to review the mapping.

## APPENDIX A: ONTARIO QUALIFICATIONS FRAMEWORK HOURS

Credential	Hours Range
Algonquin College Certificate	100-470 hours
Ontario College Certificate	560-650 hours
Ontario College Diploma	1120-1300 hours
Ontario College Advanced Diploma	1680-1960 hours
Ontario College Graduate Certificate	560-650 hours

## APPENDIX B: REVISED VLO MAPPING – SUBSTANTIAL PROGRAM OF STUDY CHANGES

Please enter the VLO mapping for any new, revised, or repositioned courses OR adjust for any existing courses. If you need to make extensive mapping edits or prefer to use a different template, please attach to this document. All programs are encouraged to review their mapping annually.

**Program Code:**

**Academic Year:**

Course Number	Course Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Please indicate whether the VLO is T, A, or CP. If you need assistance, please contact Academic Development.

T = Taught A = Assessed CP = Culminating Performance

## APPENDIX C: REVISED EES MAPPING - SUBSTANTIAL PROGRAM OF STUDY CHANGES

Please enter the EES mapping for any new, revised, or repositioned courses OR adjust for any existing courses. If you need to make extensive mapping edits or prefer to use a different template, please complete in another format and attach to this document. Programs are encouraged to review annually.

**Program Code:**

**Academic Year:**

Course Number	Course Name	1	2	3	4	5	6	7	8	9	10	11

Please indicate whether the EES is T, A, or CP. If you need assistance, please contact Academic Development.

T = Taught A = Assessed CP = Culminating Performance