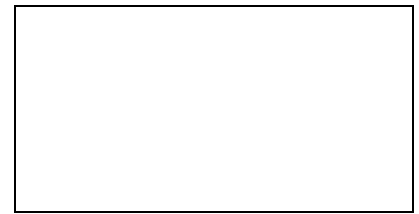




BRITISH COLUMBIA COUNCIL  
ON ADMISSIONS & TRANSFER

PROVINCIAL TRANSFER FRIENDLY  
COURSE OUTLINE

# Course Outline Form



Insert Institution Logo Here

Course Code:		Number:		Number of Credits:																									
Calendar Title:																													
Name of Institution:																													
Pick One: <input type="checkbox"/> Division <input type="checkbox"/> Faculty <input type="checkbox"/> School		Department:		Program as Applicable:																									
<input type="checkbox"/> New Course <input type="checkbox"/> Revised Course <input type="checkbox"/> Replacement				Former Course Code(s) and Number(s) (if applicable):																									
Course Level: <input type="checkbox"/> First Year <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year <input type="checkbox"/> Fourth Year																													
Precluded Courses:																													
Calendar Description:																													
Date First Offered:																													
Total Hours:		Total Weeks:		This course is offered only on-line:   YES <input type="checkbox"/> NO <input type="checkbox"/>																									
Typical Structure of Instructional Hours:		If yes, please indicate on-line or tutor interaction hours:																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Breakdown</th> <th style="width:20%;">Duration</th> </tr> </thead> <tbody> <tr><td>Lecture Hours</td><td></td></tr> <tr><td>Seminars/Tutorials</td><td></td></tr> <tr><td>Laboratory Hours</td><td></td></tr> <tr><td>Field Experience Hours</td><td></td></tr> <tr><td>Other Contact Hours</td><td></td></tr> <tr><td style="text-align:right;"><b>Total</b></td><td></td></tr> </tbody> </table>		Breakdown	Duration	Lecture Hours		Seminars/Tutorials		Laboratory Hours		Field Experience Hours		Other Contact Hours		<b>Total</b>		Practicum Hours (if applicable):  <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Type of Practicum</th> <th style="width:20%;">Duration</th> </tr> </thead> <tbody> <tr><td>On-the-job Experience</td><td></td></tr> <tr><td>Formal Work Experience</td><td></td></tr> <tr><td>Other</td><td></td></tr> <tr><td style="text-align:right;"><b>Total</b></td><td></td></tr> </tbody> </table>				Type of Practicum	Duration	On-the-job Experience		Formal Work Experience		Other		<b>Total</b>	
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If Other, please list:																													
Pre-requisite Statement (If there are no prerequisites, type NONE):																													
Non-Course Prerequisites (List if applicable or type NONE):			Co-requisite Statement (List if applicable or type NONE):																										
Transfer Agreements:																													
This is a revision of an existing course and is being submitted for re-articulation:   YES <input type="checkbox"/> NO <input type="checkbox"/>																													
To find out how this course transfers, visit the BC Transfer Guide at <a href="http://bctransferguide.ca">bctransferguide.ca</a>																													

Detailed Course Content, Topics and Sequence Covered:

Learning Outcomes/Course Goals:

Please list specifics for any of the following:

Knowledge:

Skills:

Attittues:

Technologies:

Typical Evaluation Methods and % of Total Grade:

Grading System

Check whichever applies to this course:

Letter Grades:

Percentage:

Pass/Fail:

Other:

Specify passing grade:

Typical Activities and Weighting (in %)

Final Exam: %	Assignments: %	Portfolio: %	Practicum: %
Midterm Exam: %	Lab Work: %	Project: %	Other: %
Quizzes/Test: %	Field Experience: %	Participation: %	<b>Total Must Equal At Least 100% (can be more if options provided)</b>

- Specify # of assignments (if applicable):
- Specify nature of participation (if applicable):
- Include number of and the variety and nature of writing assignments:

Typical Proportion of Individual Work and Group Work

% of Individual Work:

% of Group Work:

Typical Text(s) and Resource Materials (if you require more space, please download Text(s) and Resource Materials supplemental form):

	<u>Required</u>	<u>Author Surname, Initials</u>	<u>Title</u>	<u>Current Edition</u>	<u>Place of Publication</u>	<u>Published</u>	<u>Chapter(s) Covered</u>
1.	<input type="checkbox"/>			<input type="checkbox"/>			
2.	<input type="checkbox"/>			<input type="checkbox"/>			
3.	<input type="checkbox"/>			<input type="checkbox"/>			
4.	<input type="checkbox"/>			<input type="checkbox"/>			
5.	<input type="checkbox"/>			<input type="checkbox"/>			

Course Outline Contact Person:

Other Pertinent Information Relevant to Transfer:

For more information on BC Transfer System Instructor qualification standards click [here](#)