

University of Toronto

Minor Modification Proposal:

Participation in a Collaborative Specialization

This template should be used to bring forward all proposals to add or withdraw participation of a degree program from a graduate collaborative specialization for governance approval under the University of Toronto Quality Assurance Process.

|  |  |
| --- | --- |
| Collaborative specialization: |  |
| Collaborative specialization director: |  |
| Lead Faculty: |  |
| **Degree program(s) being added:**e.g., Department of English, MA, English… |  |
| Unit offering above degree program: |  |
| Degree program(s) being withdrawn:e.g., MA, English… |  |
| Dean’s Office contact: |  |
| Version date:(please change as you edit this proposal) |  |
| Effective date: |  |
| Approvals:(please include program committee name and approval dates) |  |

Core Graduate Faculty Research Synopses

Core faculty members are those who are eligible to teach and/or supervise in the collaborative specialization, as appropriate. Core faculty members must hold graduate faculty membership in one of the participating degree programs. The process of identifying a graduate faculty member as a collaborative specialization core faculty member is initiated by the faculty member or the collaborative specialization director. Both the faculty member’s home unit chair/director and the collaborative specialization director must agree, as well as the faculty member involved. The collaborative specialization director is responsible for maintaining records of agreements concerning assignment of core faculty members to the collaborative specialization. Formal graduate faculty memberships in the collaborative specialization supporting units are not required for core faculty members.

There must be at least one core graduate faculty member from each participating program whose teaching and/or research expertise relate to that of the collaborative specialization subject area.

**[NAME1]**

Publications: (list two recent publications relevant to the focus of the collaborative specialization)

* [PUBLICATION1]
* [PUBLICATION1]

And/or graduate courses the faculty member teaches

**[NAME2\_etc.]**

Publications: (list two recent publications relevant to the focus of the collaborative specialization)

* [PUBLICATION1]
* [PUBLICATION2]

And/or graduate courses the faculty member teaches

Calendar Copy

**Append calendar copy for entire collaborative specialization with track changes.**

For proposals adding new coursework-only participating programs, the calendar copy should clearly show that at least 30% of the courses taken towards the degree are in the area of specialization including the core course.

Appendix A: Addendum to the MOA

To Add or Withdraw a Participating Degree Program
in a Collaborative Specialization

ADDENDUM to MEMORANDUM of AGREEMENT

COLLABORATIVE [DEGREE LEVELS(S)] SPECIALIZATION IN [NAME OF CS]

Effective Date [MONTH, YEAR]

I indicate with my signature below that I have read the Memorandum of Agreement for the collaborative specialization. The graduate unit agrees to the participation of the degree program(s) named below. The graduate unit and participating graduate degree program agree to abide by the terms and conditions of the Memorandum of Agreement.

1. **Unit, Participating Graduate Degree Program**

[UNIT]
[DEGREE], [DEGREE PROGRAM1]
[DEGREE], [DEGREE PROGRAM2]

1. **Collaborative Specialization Requirements and Degree Program Requirements**

[Clarify how the collaborative specialization requirements are accommodated within the home degree program requirements. Following the format below, explain if the collaborative specialization requirements are in addition to the home program requirements or if they may be counted towards regular home degree program requirements, often with elective room. In addition, for coursework-only participating programs, show that at least 30% of the courses taken towards the degree must be in the area of specialization including the core course(s).]

DEPARTMENT OF [NAME OF GRADUATE UNIT]:

Master’s/Doctoral Degree (e.g., MA) in [Name of Program]

Participating Degree Program Requirements:

 # Required FCEs = \_\_\_\_\_\_\_\_ (line 1)
 # Elective FCEs = \_\_\_\_\_\_\_\_ (line 2)
 Total = \_\_\_\_\_\_\_\_ (line 3)

Collaborative Specialization Requirements:

|  |
| --- |
| For participating programs requiring a major research paper, essay, thesis or other major activity (e.g., practicum):(leave blank if adding coursework-only participating program)The topic must be in the area of the collaborative specialization and under the supervision of a graduate faculty member associated with the collaborative specialization.Collaborative Specialization Requirements: # FCEs = \_\_\_\_\_\_\_\_\_\_ (line 4) Line 4 (CS FCEs) must be equal to or less than line 2 (participating program elective courses)\_\_\_\_\_\_\_\_\_\_ < or = \_\_\_\_\_\_\_\_\_\_line 4 line 2 |

|  |
| --- |
| For coursework-only participating programs:(leave blank if adding participating program with a major research paper, essay, thesis or other major activity)At least 30% of the courses taken towards the degree must be in the area of specialization including the core course(s).Collaborative Specialization Requirements:# Core course(s) FCEs = \_\_\_\_\_\_\_\_\_\_ (line 5) # Additional course(s) FCEs = \_\_\_\_\_\_\_\_\_\_ (line 6)Total = \_\_\_\_\_\_\_\_\_\_ (line 7)\_\_\_\_\_\_\_\_\_\_ X 30% = \_\_\_\_\_\_\_\_\_\_ (line 8)line 3Line 7 (CS FCEs) must be equal to or greater than line 8 (30% of the courses taken towards the participating degree program)\_\_\_\_\_\_\_\_\_\_ > or = \_\_\_\_\_\_\_\_\_\_line 7 line 8Line 7 (CS FCEs) must be equal to or less than line 2 (participating program elective courses)\_\_\_\_\_\_\_\_\_\_ > or = \_\_\_\_\_\_\_\_\_\_line 4 line 2 |

**The VPAP Office is happy to assist divisions in completing this template.** [Contact the Assistant Coordinator, Academic Change (see the contact information on the VPAP website).](http://vpacademic.utoronto.ca/academic-change/minor-modifications/graduate-minor-modifications/)

1. **Resources to be provided by the participating unit/program:**

Indicate any financial, classroom space or other resources to be provided.

SIGNATURES

Graduate Chair/Director of participating unit/program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[NAME, TITLE]
[GRADUATE UNIT]
[PROGRAM, DEGREES]

Dean of participating unit/program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[NAME, TITLE]

Director of Collaborative Specialization:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[NAME, TITLE]
[COLLABORATIVE SPECIALIZATION]

Dean of Lead Faculty:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_

[NAME, TITLE]
[FACULTY]