

**(Program Name)**  
**Course Outline Review Documentation**  
**(Date)**

Responsible: Dean's Administrative Assistant or Designate(s)							Responsible: Dean or Designate(s)				
Course Code	Course Name	On Approved Template	Course Description Matches Calendar Info	Pre & Co Requisites Matches Calendar Info	Available for PLA	Available for Supplemental Exam	Course Outcomes are Observable/Measurable	Assessment Strategies Comply with the Assessment Policy	Follow Up Needed to Comply with Quality Standards	Person(s) Responsible and Date to be Completed	Sign off Indicating Outline can be Printed/Posted

KEY: Y – Yes    N – No    R – Review/Revise    I – Incomplete    N/A – Not Applicable