1.0 Degree Title
Specify the two degrees for concurrent degree programs

| M.Sc. |

1.1 Major (Legacy = Subject) (30-char. max.)

Atmospheric & Oceanic Sciences

1.2 Concentration (Legacy = Concentration/Option)
If applicable (30 char. max.)

1.3 Minor (with Concentration, if applicable)
(30 char. max.)

1.4 Category

- Faculty Program (FP)
- Major
- Joint Major
- Major Concentration (CON)
- Minor
- Minor Concentration (CON)
- Honours (HON)
- Joint Honours Component (HC)
- Internship/Co-op
- Thesis (T)
- Non-Thesis (N)
- Other
- Please specify

1.5 Complete Program Title

M.Sc. in Atmospheric & Oceanic Sciences

2.0 Administering Faculty/Unit

| GPSO |

2.1 Offering Faculty/Department

Science / Atmospheric & Oceanic Sciences

3.0 Effective Term of revision or retirement

Please give reasons in 5.0 “Rationale” in the case of retirement
(Ex. Sept. 2004 = 200409)

| Retirement |

Term: 200901

4.0 Existing Credit Weight

| 45 to 51 credits |

Proposed Credit Weight

| 45 credits |

5.0 Rationale for revised program

This revision will formalize which courses are considered required or complimentary in the M.Sc. program, as well as removing any mention of Earth and Planetary Science (EPSC) courses, which currently appear in the program description. As well, ATOC 530 and 620 are no longer being offered on a yearly basis, and are thus replaced by ATOC 531 and 621.

Complementary course credits have been reduced from 9-27 to 7-20.

6.0 Revised Program Description (Maximum 150 words)

[The program description will not change.]
7.0 List of existing program and proposed program

Existing program (list courses as follows: Subj Code/Crse Num, Title, Credit weight, under the headings of: Required Courses, Complementary Courses, Elective Courses)

Proposed program (list courses as follows: Subj Code/Crse Num, Title, Credit weight, under the headings of: Required Courses, Complementary Courses, Elective Courses)
### 8.0 Consultation with Related Units

- [ ] Yes  
- [ ] No  

Attach list of consultations

### 9. Approvals

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Submitted by

- **Name**:  
- **Phone**:  
- **Email**:  
- **Submission Date**:  

To be completed by ARR:

- **CIP Code**: 