



1. Will this course revision affect a current program? Yes No
 If "yes", has a Program Revision Form been submitted concurrently? Yes No

2. Teaching Department:

4. Campus
(Downtown, Macdonald,
Off Campus, Distance
Ed, Other – specify)

5. Effective Term of Implementation
(Ex. Sept. 2004 = 200409)

Term:

 Retirement

3. Administering
Faculty/Unit:

6. Credit Weight
(or CEU's for non-credit CE courses):

Old Credit Weight or CEU's (if applicable)

7. Course Number(s)
Indicate course number & the number of terms spanned:
(tick all that apply)

Subject/course number:

Course(s) Span:
 1 term
 2 consecutive terms (D1, D2)
 2 non-consecutive terms (N1, N2)
 3 terms (J1, J2, J3)

8. Number Change From:

9. Consolidation of Courses:

10. Split of Multi-Term Course:

11. Course Title (Limit 30 char.) - required for all courses.

Old Course Title (if applicable)

12. Course Title to Appear in the Calendar (Optional)
(Limit 59 characters):
Note: This can ONLY be an expansion of word(s) abbreviated in
the 30 character course title in Box 11.

13. Schedule Type(s):
(Enter all that apply – see form, STVSCHD in Banner for a complete list.)

	Hours per Week		Hours per Week		Hours per Week
LECTURE	<input type="text" value="2"/>	FIELD STATION	<input type="text" value="3"/>		<input type="text"/>
	<input type="text"/>	2 weekends =			<input type="text"/>
	<input type="text"/>				<input type="text"/>
Total Hours per Week:					<input type="text" value="2"/>
Total Number of Weeks:					<input type="text" value="13"/>

14. Projected Enrolment:

15. Revised Prerequisite(s) (Courses or Tests) (in full)
Specify course number(s) or name(s) of test(s):

BIOL 206 AND BIOL 215 OR PERMISSION OF

INSTRUCTOR

If the student does not have a prerequisite should web registration be blocked?
 Yes No

If "Yes" complete A and B:

A. Indicate minimum grade or test score(s) the student must attain in prerequisite course(s) or test(s):

B. Can the prerequisite course(s) or test(s) be taken in the same term as this course?
 Yes No

Old prerequisite course number(s) or test score title(s) (if applicable)

BIOL 206 AND/OR PERMISSION

16. Revised Corequisite(s) Course Number(s) (in full):
Specify course number(s):

If the student does not register for the corequisite in the same term should web registration be blocked?
 Yes No

Old corequisite(s) course numbers (if applicable):

17. Additional Course Charges (must be approved by the Fee Policy Committee)

Description of Fee (e.g. screening fee)	Amount

18. Requires Teaching, Physical, or Financial Resources Not Currently Available (attach explanation)
 Yes No

19. Consultation Reports Attached
 Yes N/A

20. Other Information (specify):

21. Course Description
(as it will appear in the Calendar [maximum 50 words]):
(N.B. Faculty of Medicine must append complete course outline)

NO CHANGE

22. Supplementary information to appear in the Calendar in addition to the course description.
Such as: registration restriction(s), prerequisite(s), corequisite(s), equivalent course(s), contact hours, enrolment limitations, language of instruction etc.
Please enter the information as it should appear in the calendar notes.

(3) (Fall) (2 hours lecture; 2 weekends at field station equivalent to 3 hours laboratory per week) (Prerequisites: BIOL 206 and BIOL 215 or permission)

OLD SUPPLEMENTARY INFORMATION:

(3) (2 hours lecture; 3 hours laboratory) (Prerequisites: BIOL 206 and/or permission)

23. Rationale

Availability of field station allows students an opportunity to explore the principles learned in class during a more extended period rather than breaking up the labs into shorter sessions.

Also, a change in prerequisites to reflect requirements more accurately.

INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR'S OFFICE

To be completed by the Faculty
 Slot Course: Yes No

To be completed by ARR
 CIP Code

For Continuing Education Use

CE Admin. Unit :

CE Non-Grant Courses:

Thesis Component: Yes No

Flat Rate: CdnFlat Rate: Yes N/A

24. Approvals:

Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Academic Committee	Faculty	SCTP
Name	P LASKO	P LASKO				
Signature						
Date						
Departmental Contact Person (name/phone/email)	SUSAN GABE/ 7045/ SUSAN.GABE@MCGILL.CA					