



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.) **NO CHANGE**

Hours per Week	Hours per Week	Hours per Week
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Total Hours per Week: <input type="text"/>
		Total Number of Weeks: <input type="text"/>

14. Projected Enrolment:

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

BIOL 300 and BIOL 303 or permission

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 300, BIOL 303 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)

Molecular genetics and molecular, cellular and developmental biology, including signal transduction, cell differentiation and function, genetic diseases in eukaryotes.

**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.

NO CHANGE

**OLD DESCRIPTION:**

(3) (Fall) (Prerequisites: BIOL 300, BIOL 303 or permission). Recent literature in the fields of molecular genetics and molecular biology. Topics include: signal transduction, cell function, genetic diseases in eukaryotes.

**23. Rationale**

Course description changed to more accurately reflect the course material and an "and" inserted into prerequisites for clarification.

**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/ <a href="mailto:susan.gabe@mcgill.ca">susan.gabe@mcgill.ca</a>					