



1. Will this course revision affect a current program? If "yes", has a Program Revision Form been submitted concurrently?		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
2. Teaching Department: <input type="text" value="Chemistry"/>	4. Campus (Downtown, Macdonald, Off Campus, Distance Ed, Other – specify) <input type="text" value="Downtown"/>	5. Effective Term of Implementation (Ex. Sept. 2004 = 200409) Term: <input type="text" value="200709"/> <input checked="" type="checkbox"/> Retirement	
3. Administering Faculty/Unit: <input type="text" value="Science"/>	6. Responsible Instructor: <input type="text"/>		
7. Credit Weight (or CEU's for non-credit CE courses): <input type="text" value="(3)"/> Old Credit Weight or CEU's (if applicable) <input type="text" value="(3)"/>	8. Course Number(s) Indicate course number & the number of terms spanned: (tick all that apply) Subject/course number: <input type="text" value="CHEM 273"/> Course(s) Span: <input checked="" type="checkbox"/> 1 term <input type="checkbox"/> 2 consecutive terms (D1, D2) <input type="checkbox"/> 2 non-consecutive terms (N1, N2) <input type="checkbox"/> 3 consecutive terms (J1, J2, J3)		
9. Number Change From: <input type="text"/>	10. Consolidation of Courses: <input type="text"/>	11. Split of Multi-Term Course: <input type="text"/>	
12. Course Title (Limit 30 char.) - required for all courses. <input type="text" value="Chemical Kinetics"/> Old Course Title (if applicable) <input type="text" value="Chemical Kinetics"/>	13. 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 12. <input type="text" value="Chemical Kinetics"/>		
14. Rationale for revised course <input type="text" value="Course being replaced by CHEM 223, CHEM 253, CHEM 243, and CHEM263"/>			
15. New Course Description (as it will appear in the Calendar [maximum 50 words]): (N.B. Faculty of Medicine must append complete course outline) <input type="text"/>			
16. Old Course Description (may be found in the Calendar or Banner) <input type="text"/>			

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

18. Schedule Types(s):
(Enter all that apply – see course guidelines for a complete list.)

Hours per Week	Hours per Week	Hours per Week
_____ <input style="width: 40px; height: 20px;" type="text"/>	_____ <input style="width: 40px; height: 20px;" type="text"/>	_____ <input style="width: 40px; height: 20px;" type="text"/>
_____ <input style="width: 40px; height: 20px;" type="text"/>	_____ <input style="width: 40px; height: 20px;" type="text"/>	_____ <input style="width: 40px; height: 20px;" type="text"/>
		Total Hours per Week: <input style="width: 40px; height: 20px;" type="text"/>
		Total Number of Weeks: <input style="width: 40px; height: 20px;" type="text"/>

19. Projected Enrolment:

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

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)

21. 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):

22. Revised Restriction(s):

Old Restriction(s):

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

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

24. Requires Teaching, Physical, or Financial Resources
Not Currently Available (attach explanation)

Yes No

25. Consultation Reports Attached

Yes N/A

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

26. Approvals:

Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Academic Committee	Faculty	SCTP
Name	<input type="text"/>	David Ronis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Departmental Contact Person (name/phone/email)	David Ronis, 6940, ronis@onsager.chem.mcgill.ca					