McGill

New Course Proposal Form

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

2. Teaching Department:

3. Administering Faculty/Unit:

6. Responsible Instructor

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

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

   Term:

7. Course Title (Limit 30 Characters) - required for all courses:

9. 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 above.

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

8. 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 consecutive terms (J1, J2, J3)

11. Rationale for new course

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

13. 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.

14. Schedule Types(s):
    (Enter all that apply – see course guidelines for a complete list.)
    (i.e. Lecture, Labs, Tutorial)

Hours per Week	Hours per Week	Hours per Week
_____ [ ]	_____ [ ]	_____ [ ]
_____ [ ]	_____ [ ]	_____ [ ]

Total Hours per Week: [ ]

Total Number of Weeks: [ ]

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15. Projected Enrolment:

[_____]

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16. Required text and/or preliminary reading list sent to library?

[ ] Yes [ ] No

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17. Prerequisite(s) (Courses or Tests)
    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

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18. Corequisite(s) Course Number(s):
    Specify course number(s) and title(s):

[_____]

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

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19. Restriction(s):

[_____]

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20. Consultation Reports Attached
    [ ] Yes   [ ] N/A

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

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

Description of Fee
(e.g. screening fee)   Amount
[_____]   [_____]

INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR'S OFFICE

To be completed by the Faculty	*To be completed by ARR*	*For Continuing Education Use*
Slot Course: ☐ Yes ☐ No	CIP Code	CE Admin. Unit :
Thesis Component: ☐ Yes ☐ No		CE Non-Grant Courses:
		Flat Rate: CdnFlat Rate: ☐ Yes ☐ N/A

23. Approvals:

Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Academic Committee	Faculty	SCTP
Name						
Signature						
Date						

Departmental Contact Person (name/phone/email)