



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

7. Credit Weight  
(or CEU's for non-credit CE courses):  
  
Old Credit Weight or CEU's (if applicable)

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)

9. Number Change From:

10. Consolidation of Courses:

11. Split of Multi-Term Course:

12. Course Title (Limit 30 char.) - required for all courses.  
  
Old Course Title (if applicable)

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.

14. Rationale for revised course

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

16. Old Course Description  
(may be found in the Calendar or Banner)

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<br>(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:   
 Flat Rate: CdnFlat Rate:  Yes  N/A

Thesis Component:  Yes  No

**26. Approvals:**

| Routing Sequence                               | Departmental Meeting                      | Departmental Chair   | Other Faculty        | Curric/Academic Committee | Faculty              | SCTP                 |
|--|---|----------------------|----------------------|---------------------------|----------------------|----------------------|
| Name   | S. W. Drury                               | D. Wolfson           | <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) | S. W. Drury 398-3830 drury@math.mcgill.ca |                      |                      |                           |                      |                      |