



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:

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)

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

 Old Credit Weight or CEU's (if applicable)

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
Lectures	3				
_____		_____		_____	
_____		_____		_____	
Total Hours per Week:					3
Total Number of Weeks:					13

19. Projected Enrolment:

45

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

CEGEP Physics or **PHYS 102** or **PHYS 142**

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)

CEGEP Physics

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):

Not open to students who have taken or are taking **PHYS 205** or **206**.

Old Restriction(s):

Not open to students who have taken or are taking **PHYS 204**.

23. Additional Course Charges (must be approved by the Fee Policy Committee)
Description of Fee (e.g. screening fee) Amount

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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"/>	<input type="text"/>	<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)	<input type="text"/>					