



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.)

	Hours per Week	Hours per Week	Hours per Week
Seminar	<input type="text" value="3"/>	<input type="text"/>	<input type="text"/>
<hr/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<hr/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Hours per Week:			<input type="text" value="3"/>
Total Number of Weeks:			<input type="text" value="13"/>

14. Projected Enrolment:

15. 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)

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

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]):

Interdisciplinary study of music cognition and perception, with an emphasis on cognitive psychological and experimental approaches. Topics include: psychoacoustics, music memory, scales, tonality, neuropsychology of music, performance, talent and expertise, expectation, and developmental aspects.

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.

Old course description:

Overview of major topics in the interdisciplinary study of music cognition and perception, with an emphasis on cognitive psychological and experimental approaches. Topics include: psychoacoustics, music memory, scales, tonality, neuropsychology of music, performance, talent and expertise, absolute pitch, expectation, melody and rhythm.

23. Rationale

The new course description is a better reflection of the course content.

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	Thomas Shultz	<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	October 20, 2004	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Departmental Contact Person (name/phone/email)	Mary Gauthier, Psychology, 6121, mary.gauthier@mcgill.ca					