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:
Psychology

3. Administering Faculty/Unit:
Science

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

5. Effective Term of Implementation (Ex. Sept. 2004 = 200409)
Term: 200509
☐ **Retirement**

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

  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: PSYC 413

  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.
Cognitive Development

  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
Lecture	3				

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

14. Projected Enrolment:
100

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**

**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]):
(N.B. Faculty of Medicine must append complete course outline)

Cognitive development in infants and children including knowledge representation and processing, memory, conceptual development, language development, and theories and principles of cognitive development.

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:

An in-depth study of cognitive development in children. Knowledge representation and processing, relations to perception and language, memory development, conceptual development, academic skills. Piagetian, neo-Piagetian, symbolic, and connectionist approaches. Classical and contemporary studies. Principles of cognitive development.

23. Rationale

The new course description better reflects 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

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24. Approvals:

Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Academic Committee	Faculty	SCTP
Name	Thomas Shultz					
Signature						
Date	October 20 2004					

Departmental Contact Person (name/phone/email)   Mary Gauthier, Psychology, 6121, mary.gauthier@mcgill.ca