



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:

Psychology

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

Downtown

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

Term: 200609

Retirement

3. Administering Faculty/Unit:

Science

6. Responsible Instructor:

Yoshio Takane

8. Course Number(s)
Indicate course number & the number of terms spanned:
(tick all that apply)

Subject/course number: PSYC 562

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):

3

Old Credit Weight or CEU's (if applicable)

9. Number Change From:

Psych 336

10. Consolidation of Courses:

11. Split of Multi-Term Course:

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

Measure. of Psych. Processes

Old Course Title (if applicable)

Measure. Of Psych. Processes

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.

Measurement of Psychological Processes

14. Rationale for revised course

This is a research methodology course, which is beneficial for graduate students as well. The course number is changed so that graduate students can officially take this 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)

The properties of measurements and techniques for the measurement of psychophysical variables such as brightness and loudness and of attitudinal variables such as similarity, preference and utility. Data analysis tools of value to experimenters. Emphasis on current problems in experimental psychology.

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
Lecture	3				
_____	[]	_____	[]	_____	[]
_____	[]	_____	[]	_____	[]
Total Hours per Week:					3
Total Number of Weeks:					13

19. Projected Enrolment:

5 to 10

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):

Not open to students who are taking or have taken PSYC 336

Old Restriction(s):

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

Description of Fee (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	Thomas Shultz	Keith Franklin	<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	Nov. 1, 2005	<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					