

## AC-05-13 Program/Major or Minor/Concentration Revision Form

	(07/2004
1.0 Degree Title Specify the two degrees for concurrent degree programs	2.0 Administering Faculty/Unit
B.Sc.	Science
5.00.	Offering Faculty/Department
1.1 Major (Legacy= Subject) (30-char. max.)	Computer Science
Computer Science	
1.2 Concentration (Legacy = Concentration/Option) If applicable (30 char. max.)	3.0 Effective Term of revision or retirement Please give reasons in 5.0 "Rationale" in the case of retirement (Ex. Sept. 2004 = 200409) □ Retirement
	Term: 200609
<ol> <li>Minor (with Concentration, if applicable) (30 char. max.)</li> </ol>	4.0 Existing Credit Weight Proposed Credit Weight
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1.4 Category	
	5.0 Rationale for revised program
<ul> <li>□ Faculty Program (FP)</li> <li>□ Honours (HON)</li> <li>☑ Major</li> <li>□ Joint Major</li> <li>□ Joint Major</li> <li>□ Major Concentration (CON)</li> <li>□ Internship/Co-op</li> <li>□ Minor</li> <li>□ Thesis (T)</li> <li>□ Minor Concentration (CON)</li> <li>□ Non-Thesis (N)</li> <li>□ Other</li> <li>Please specify</li> <li>1.5 Complete Program Title</li> <li>□ B.Sc.; Major in Computer Science</li> </ul>	To add new course COMP 529 <i>Software Analysis</i> to the list of complementary courses.
6.0 Deviced Program Description (Maximum 150 words)	
6.0 Revised Program Description (Maximum 150 words)	

7.0 List of existing program and proposed program

Existing program (list courses as follows: Subj Code/Crse Num, Title, Credit weight, under the headings of: Required Courses, Complementary Courses, Elective Courses) Proposed program (list courses as follows: Subj Code/Crse Num, Title, Credit weight, under the headings of: Required Courses, Complementary Courses, Elective Courses)

8.0 Consultation with Related Units	□ Yes □ No	Financial Consult	]Yes □No	
Attach list of consultations				
9. Approvals				
Routing Sequence	Name	Signature	Date	
Department	Sue Whitesides		14.10.05	
Curric/Acad Committee				
Faculty 1				
Faculty 2				
Faculty 3				
SCTP				
GS				
APPC				
Senate				
Submitted by				
Name	Judy Keniasbera	To be completed by ARR:		
Phone	00895	CIP Code		
Email	iudv@cs.mcqill.ca			
Submission Date				