



1. Will this new course affect a current program? Yes No
 If "yes", has a Program Revision Form been submitted concurrently? Yes No

2. Teaching Department:

3. Administering Faculty/Unit:

6. Responsible Instructor

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

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

Term:

7. Course Title (Limit 30 Characters) - required for all courses:

9. 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 above.

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

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)

11. Rationale for new course

12. Course Description (as it will appear in the Calendar [maximum 50 words]):
(N.B. Faculty of Medicine must append complete course outline)

13. 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.

14. Schedule Types(s):
 (Enter all that apply – see course guidelines for a complete list.)
 (i.e. Lecture, Labs, Tutorial)

Hours per Week	Hours per Week	Hours per Week
[]	[]	[]
[]	[]	[]
Total Hours per Week:		[]
Total Number of Weeks:		[]

15. Projected Enrolment:

16. Required text and/or preliminary reading list sent to library?

Yes No

17. Prerequisite(s) (Courses or Tests)
 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

18. Corequisite(s) Course Number(s):
 Specify course number(s) and title(s):

If the student does not register for the corequisite in the same term should web registration be blocked?

Yes No

19. Restriction(s):

20. Consultation Reports Attached

Yes N/A

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

Description of Fee (e.g. screening fee)	Amount

22. Requires Teaching, Physical, or Financial Resources Not Currently Available (attach explanation)

Yes No

INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR'S OFFICE

To be completed by the Faculty

Slot Course: Yes No

Thesis Component: 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

23. 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"/>					