



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
Lecture	<input type="text" value="2"/>	Laboratory/tutorial	<input type="text" value="2"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
Total Hours per Week:					<input type="text" value="4"/>
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)**

At least one 3-credit university level course in Biology or Psychology.

**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)

same

**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.

Open to U3 students only, except for P& OT students.

**23. Rationale**

The course ANAT 321 (and its lab component) is a required course for the new Neuroscience Major program, P&OT program and is a complementary course for all A&CB students in the faculty, major and honours programs. Due to the overwhelming popularity of this course we have chosen to restrict it to U3 students in order to maintain the quality of this class.

**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	Craig Mandato	John Bergeron	Jim Brawer			
Signature						
Date						
Departmental Contact Person (name/phone/email)	Craig Mandato 398-5349 Craig.mandato@mcgill.ca					