



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:

BIOLOGY

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

DOWNTOWN

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

Term: 200509

☐ Retirement

3. Administering
Faculty/Unit:

SCIENCE

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

3

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: BIOL 205

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.

BIOLOGY OF ORGANISMS

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.) NO CHANGE

Hours per Week

Hours per Week

Hours per Week

Total Hours per Week:

Total Number of Weeks:

14. Projected Enrolment:

15. Revised Prerequisite(s) (Courses or Tests) (in full)
Specify course number(s) or name(s) of test(s):

NO CHANGE

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):

NO CHANGE

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)

NO CHANGE

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.

Restriction: Not open to students who have taken or are taking PLNT 201

Old Restriction: None

23. Rationale

These courses have a considerable amount of overlap and students should not receive credit for both.

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	P. LASKO	P. LASKO				
Signature						
Date						
Departmental Contact Person (name/phone/email)	SUSAN GABE/7045/SUSAN.GABE@MCGILL.CA					