



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)

OFF CAMPUS

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 331

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.

ECOLOGY/BEHAVIOUR FIELD COURSE

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:

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**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):

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)

Methods of sampling natural populations. Testing hypotheses in nature.

**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.

(3) (Fall) (Prerequisites: BIOL 206 and BIOL 215) (Preregistration in March and April. See Course web page :  
<http://www2.mcgill.ca/biology/undergrad/C331A/index.htm>) ( Meets 12-days just before the fall term, with a project report  
early in the fall term.)

**OLD DESCRIPTION**

(3) (Fall) (Prerequisites: BIOL 206 and BIOL 215) (Preregistration in March and April. See Professor Lechowicz). A 12-day field course just before the fall term, with a project report to be prepared early in the fall term. Methods of sampling natural populations of animal and plant species in fresh water and terrestrial habitats. Estimating population size. Testing hypotheses in nature. Energy flow determinations and behavioural ecology.

**23. Rationale**

Simplifying course description and providing more accurate references (eg. web page reference rather than professor).

**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					