



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: 200601

Retirement

3. Administering Faculty/Unit:

SCIENCE

6. Responsible Instructor:

8. Course Number(s)
Indicate course number & the number of terms spanned:
(tick all that apply)

Subject/course number: BIOL 416

Course(s) Span:

1 term
 2 consecutive terms (D1, D2)
 2 non-consecutive terms (N1, N2)
 3 consecutive terms (J1, J2, J3)

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

3

Old Credit Weight or CEU's (if applicable)

3

9. Number Change From:

BIOL 516

10. Consolidation of Courses:

11. Split of Multi-Term Course:

12. Course Title (Limit 30 char.) - required for all courses.

GENETICS OF MAMMALIAN DEVEL.

Old Course Title (if applicable)

13. 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 12.

GENETICS OF MAMMALIAN DEVELOPMENT

14. Rationale for revised course

This course provides many undergraduate students with their first experience of critical reading and presentation of original articles. Although undergraduate students learn a lot from graduate students, they are apparently intimidated by the presence of these graduate students in the same course. The professor believes that undergraduate students need this kind of course more than graduate students.

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

No Change

16. Old Course Description
(may be found in the Calendar or Banner)

No Change

17. 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.

BIOL 416 Genetics of Mammalian Development. (3) (Winter) (3 hours lecture) (Prerequisites: BIOL 202, BIOL 300, BIOL 303; permission) (Restriction: Not open to students who have taken BIOL 516)

18. Schedule Types(s):
 (Enter all that apply – see course guidelines for a complete list.) **No Change**

Hours per Week	Hours per Week	Hours per Week
_____ <input type="text"/>	_____ <input type="text"/>	_____ <input type="text"/>
_____ <input type="text"/>	_____ <input type="text"/>	_____ <input type="text"/>
		Total Hours per Week: <input type="text"/>
		Total Number of Weeks: <input type="text"/>

19. Projected Enrolment:

20. 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)

21. 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):

22. Revised Restriction(s):

Old Restriction(s):

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

Description of Fee (e.g. screening fee)	Amount
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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

Yes No

25. Consultation Reports Attached

Yes N/A

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:
 Flat Rate: CdnFlat Rate: Yes N/A

Thesis Component: Yes No

26. Approvals:

Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Academic Committee	Faculty	SCTP
Name	P. LASKO	P. LASKO	<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)	Susan Gabe/ 7045/ susan.gabe@mcgill.ca					