



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. 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 540

- 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 OF SPECIES INVASIONS

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

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):

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)

Causes and consequences of biological invasion, as well as risk assessment methods and management strategies for dealing with invasive species.

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.

NO CHANGE

OLD DESCRIPTION

(3) (Winter) (3 hours lecture) (Prerequisite: BIOL 308 or permission of instructor) (Not open to U1 or U2 students) (Not open to students who are taking or have taken ENVR 540). Causes and consequences of invasion as well as risk assessment methods and management strategies for dealing with this global problem.

23. Rationale

Greater accuracy

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					