

AC-06-82

Course Revision Form

(07/2004)

 Will this course revision affect a current program? If "yes", has a Program Revision Form been submitted concurrer 	□ Yes ☒ No ntly? □ Yes ☒ No			
2. Teaching Department: CHEMISTRY	4. Campus (Downtown, Macdonaid, Off Campus, Distance Ed, Other – specify) 5. Effective Term of Implementation (Ex. Sept. 2004 = 200409) Term: 200709			
3. Administering SCIENCE	Retirement			
6. Responsible Instructor:	8. Course Number(s) Indicate course number & the number of terms spanned: (tick all that apply)			
7. Credit Weight (or CEU's for non-credit CE courses):	Subject/course number: CHEM 302			
Old Credit Weight or CEU's (if applicable)	Course(s) Span: 1 term 2 consecutive terms (D1, D2) 2 non-consecutive terms (N1, N2) 3 consecutive terms (J1, J2, J3)			
9. Number Change From: 10. Consolidati	ion of Courses: 11. Split of Multi-Term Course:			
12. Course Title (Limit 30 char.) - required for all courses.	13. Course Title to Appear in the Calendar (Optional) (Limit 59 characters):			
Intro Org Chem 3.	Note: This can ONLY be an expansion of word(s) abbreviated in the 30 character course title in Box 12.			
Old Course Title (if applicable)	Introductory Organic Chemistry 3.			
14. Rationale for revised course				
U0 program changes no longer guarantee that students will have prerequisite changes listed below remedy this.	e any exposure to biological concepts needed for this course. The			
New Course Description (as it will appear in the Calendar [maximum 50 words]): (N.B. Faculty of Medicine must append complete course outline)				
16. Old Course Description (may be found in the Calendar or Banner)				

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17. Supplementary information to appear in the Calendar in addition to the Such as: equivalent course(s), contact hours, enrolment limitations, la Please enter the information as it should appear in the calendar notes.	
18. Schedule Types(s):	
(Enter all that apply – see course guidelines for a complete list.)	
Hours per Week	Hours per Week Hours per Week
	Total Hours per Week:
	Total Number of Weeks:
19. Projected Enrolment:	21. Revised Corequisite(s) Course Number(s) (in full): Specify course number(s):
20. Revised Prerequisite(s) (Courses or Tests) (in full)	
Specify course number(s) or name(s) of test(s): BIOL 112, CHEM222, or permission of the instructor.	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):
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):	22. Revised Restriction(s):
B. Can the prerequisite course(s) or test(s) be taken in the same term as this course? Yes ENo	Old Restriction(s):
Old prerequisite course number(s) or test score title(s) (if applicable)	23. Additional Course Charges (must be approved by the Fee Policy
CHEM 222	Committee) Description of Fee (e.g. screening fee) Amount
24. Requires Teaching, Physical, or Financial Resources Not Currently Available (attach explanation) ☐ Yes ☑ No	25. Consultation Reports Attached ☐ Yes ☑ N/A

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INFORMATION F	OR ADMISSIONS, RE	CRUITMENT & REGIS	STRAR'S OFFICE			· · · · · · · · · · · · · · · · · · ·
To be completed by the Faculty To be completed by ARR Slot Course: ☐ Yes ☐ No CIP Code		For Continuing Education Use				
Siot Course.	□ 162 □ 140	CIF Code		 CE Admin. U	nit :	:
				CE Non-Grar	nt Courses:	
Thesis Componer	nt: No		_	 Flat Rate: Cd	nFlat Rate:	☐ Yes ☐ N/A
26 Approvale				 		
26. Approvals:		_				
Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	 ric/Academic nmittee	Faculty	SCTP
Name		Bruce Lennox				
Signature		Menny				
D a te		7/2/2007				
Departmental Contact Person (name/phone/email)		3 / David.Ronis@McGil	I.CA			