McGill

New Course Proposal Form

(09/2003)

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1. Will this new course affect a current program? ☐ Yes ☐ No
   If "yes", has a Program Revision Form been submitted concurrently? ☐ Yes ☐ No

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2. Teaching Department:

Microbiology and Immunology

3. Administering Faculty/Unit:

Science

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

Downtown

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

Term: 200509

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6. Course Title (Limit 30 Characters) - required for all courses:

Library Research Project.

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

Subject/course number: MIMM 499

Course(s) Span:
☒ 1 term

☐ 2 consecutive terms (D1, D2)

☐ 2 non-consecutive terms (N1, N2)

☐ 3 terms (J1, J2, J3)

8. 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 above.

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

1

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10. Schedule Type(s):
(Enter all that apply – see form, STVSCHD in Banner for a complete list.)
(i.e. Lecture, Labs, Tutorial)

	Hours per Week		Hours per Week		Hours per Week
Library research	3				

Total Hours per Week: 3

Total Number of Weeks: 13

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11. Projected Enrolment:

10

12. Prerequisite(s) (Courses or Tests)
   Specify course number(s) or name(s) of test(s):

   | MIMM314, MIMM323, MIMM324 and MIMM386 |

   | |

   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):**

   | Minimum grade of C or 55% |

   **B. Can the prerequisite course(s) or test(s) be taken in the
   same term as this course?**
   ☒ **Yes**   ☐ **No**

13. Corequisite(s) Course Number(s):
   Specify course number(s) and title(s):

   | |

   | |

   If the student does not register for the corequisite
   in the same term should web registration be blocked?
   ☐ **Yes**   ☐ **No**

14. Consultation Reports Attached
   ☐ **Yes**   ☒ **N/A**

**15. Additional Course Charges (must be approved by the Fee
   Policy Committee)**
   Description of Fee
   (e.g. screening fee)   **Amount**

   | | | |

**16. Requires Teaching, Physical, or Financial Resources
   Not Currently Available (attach explanation)**
   ☐ **Yes** ☒ **No**

17. Other Information (specify):

   | Course supervisors/instructors assigned on an ad hoc basis. |

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

   Supervised exploration of the current scientific literature on an assigned topic of an advanced nature and
   submission of a term paper for evaluation. Upon consultation with the course coordinator, the student will be
   assigned a departmental supervisor with appropriate expertise within the general areas of Bacteriology, Virology,
   Immunology or Parasitology.

19. 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.

   This course is intended for final year Microbiology students only.
   Students taking MIMM502 are not eligible to take this course.
   (See section 3.6.2, "Project Courses" in the Science "Faculty Degree Requirements").

20. Rationale

   For a variety of reasons, students following the recommended courses in Microbiology programs may complete
   their studies with one credit less than the total of 90 required for graduation. Taking a full course could add
   significant academic workload and financial stress in their final year of study. This elective Microbiology
   Independent Study course offers the student an opportunity to fill this gap and permit graduation on time.

INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR'S OFFICE

To be completed by the Faculty	*To be completed by ARR* CIP Code	*For Continuing Education Use*
Slot Course: ☐ Yes ☐ No Thesis Component: ☐ Yes ☐ No		CE Admin. Unit : [　　　] CE Non-Grant Courses: [　　　] Flat Rate: CdnFlat Rate: ☐ Yes ☐ N/A

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21. Approvals:

Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Academic Committee	Faculty	SCTP
Name	M. Baines	G. Matlashewski				
Signature						
Date						

Departmental Contact Person (name/phone/email)	Malcolm Baines, 398-4443, Malcolm.Baines@McGill.ca Jennifer DiMassimo, 398-3915, Jennifer.DiMassimo@McGill.ca