



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

2. Teaching Department:

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

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

3. Administering
Faculty/Unit:

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

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:
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.

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.)

| | Hours per Week | Hours per Week | Hours per Week |
|-----------------------------|--------------------------------|----------------------|---------------------------------|
| Lecture every 2 weeks | <input type="text" value="1"/> | <input type="text"/> | <input type="text"/> |
| Laboratory every 2 weeks | <input type="text" value="3"/> | <input type="text"/> | <input type="text"/> |
| Total Hours per Week: | | | <input type="text" value="2"/> |
| Total Number of Weeks: | | | <input type="text" value="13"/> |

14. Projected Enrolment:

15. 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)

16. Revised Corequisite(s) Course Number(s) (in full):
Specify course number(s):

PHGY 209

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):

PHGY 209 and PHGY 210

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)

Exercises illustrating fundamental principles in physiology: Biological Signals Acquisitions, Blood, Immunology, Neurophysiology, Neuromuscular Physiology.

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.

(One 3-hour lab and one 1-hour lecture every second week) (Corequisite: PHGY 209) (Required for Physiology students enrolled in PHGY 209. Open to BA & Sc. Students and to others by permission of instructor) (For students in a Physiology program, PHGY 212 should be taken concurrently with PHGY 209)

Old Course Description

Exercises illustrating fundamental principles in physiology: blood, neurophysiology, smooth muscle, cardiovascular, respiratory, endocrine, exercise and renal physiology.

23. Rationale

To provide more flexibility for those students who may wish to take the co-requisite PHGY 209 lecture course in a different academic year from its companion course PHGY 210. This complies with the Faculty of Science recommendation that spanned term courses be converted to fall and winter term courses

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 | Dr. E. Cooper | Dr. E. Cooper | | | | |
| Signature | | | | | | |
| Date | | | | | | |
| Departmental Contact Person (name/phone/email) | Sonia Viselli x3689 sonia.viselli@mcgill.ca | | | | | |