

Course Revision Form

(07/2004)

Will this course revision affect a current program? If "yes", has a Program Revision Form been submitted concurrently?	Yes No
2. Teaching Department: Physics 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: September 2008
6. Responsible Instructor: Prof. M. Sutton 7. Credit Weight (or CEU's for non-credit CE courses): 3 Old Credit Weight or CEU's (if applicable) 3	8. Course Number(s) Indicate course number & the number of terms spanned: (tick all that apply) Subject/course number: PHYS 253 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. Consolidation	of Courses: 11. Split of Multi-Term Course:
12. Course Title (Limit 30 char.) - required for all courses. No changes Old Course Title (if applicable) Thermal physics 14. Rationale for revised course Change of prerequisite due to modification of freshman science program.	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. Thermal physics
15. New Course Description (as it will appear in the Calendar [maximum 50 words]): (N.B. Faculty of Medicine must append complete course outline) Energy, work, heat; first law. Temperature, entropy; second law. solids, magnets; phase transitions.	Absolute zero; third law. Equilibrium, equations of state, gases, liquids,
16. Old Course Description (may be found in the Calendar or Banner) Energy, work, heat; first law. Temperature, entropy; second law. solids, magnets; phase transitions.	Absolute zero; third law. Equilibrium, equations of state, gases, liquids,

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 early a see source quidelines for a complete list.)	
(Enter all that apply – see course guidelines for a complete list.) Hours per Week Lectures 3 —————————————————————————————————	Hours per Week Total Hours per Week: 3 Total Number of Weeks: 13
19. Projected Enrolment: 30 20. Revised Prerequisite(s) (Courses or Tests) (in full) Specify course number(s) or name(s) of test(s): CEGEP physics or PHYS 131, and CEGEP chemistry or CHEM 120 If the student does not have a prerequisite should web registration be blocked? Yes XNo	21. Revised Corequisite(s) Course Number(s) (in full): Specify course number(s): No changes 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): MATH 222
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 XNO Old prerequisite course number(s) or test score title(s) (if applicable) Cegep physics	22. Revised Restriction(s): No changes Old Restriction(s): Not open to students taking or having taken PHYS 232 23. Additional Course Charges (must be approved by the Fee Policy 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

INFORMATION	FOR ADMISSIONS, RE	CRUITMENT & REG	ISTRAR'S OFFICE					
To be completed by the Faculty To be completed Slot Course: ☐ Yes ☐ No ☐ CIP Code			ted by ARR	F	For Continuing Education Use			
Siot Course.	Slot Course: Yes No CIP Code		,oue		CE Admin. Unit :			
				C	CE Non-Grant Courses:			
Thesis Component: Yes No				F	lat Rate: Co	☐ Yes ☐ N/A		
26. Approvals:								
Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/ Commi	Academic ttee	Faculty	SCTP	
Name								
Signature								
Date								
Departmental Contact Person (name/phone/ema								