McGill

AC-04-81 New Course Proposal Form

(09/2003)

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1. Will this new course affect a current program? If "yes", has a Program Revision Form been submitted concurre	☐ Yes 😦 No ently? ☐ Yes ☐ No
2. Teaching Department: Psychology	4. Campus (Downtown, Macdonald, Off Campus, Distance Ed, Other - specify)5. Effective Term of Implementation (Ex. Sept. 2004 = 200409)Term:200509
3. Administering Faculty/Unit: Science	Downtown
6. Course Title (Limit 30 Characters) - required for all courses: Reading Project 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. Reading Project 9. Credit Weight (or CEU's for non-credit CE courses): 1	 7. Course Number(s) Indicate course number & the number of terms spanned: (tick all that apply) Subject/course number: PSYC 499 Course(s) Span: ☑ 1 term ☐ 2 consecutive terms (D1, D2) ☐ 2 non-consecutive terms (N1, N2) ☐ 3 terms (J1, J2, J3)
10. Schedule Type(s): (Enter all that apply – see form, STVSCHD in Banner for a com (i.e. Lecture, Labs, Tutorial) Hours per Week Supervised reading & writing 3	plete list.) Hours per Week Hours per Week Total Hours per Week:
11. Projected Enrolment:	
5	

12. Prerequisite(s) (Courses or Tests) Specify course number(s) or name(s) of test(s):	13. Corequisite(s) Course Number(s): Specify course number(s) and title(s):					
PSYC 211, 212, 213, 215, and 305. Open only to U3 students.						
If the student does not have a prerequisite should web registration be blocked?	If the student does not register for the corequisite in the same term 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):						
С						
B. Can the prerequisite course(s) or test(s) be taken in the same term as this course? ☐ Yes ☑ No						
14. Consultation Reports Attached	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	17. Other Information (specify):					
Not Currently Available (attach explanation)						
18. Course Description (as it will appear in the Calendar [maximum 50 words]): (N.B. Faculty of Medicine must append complete course outline)						
Under the guidance of an instructor with the relevant expertise, the student explo format. Project proposals must be approved by the Department.	res the literature on a special topic and produces a written review in scientific					
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.						
20. Rationale						
To allow students to explore a relatively small area of academic interest under ex	xpert supervision.					

New Course Proposal Form C1-2

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		CE Admin. Unit :					
		CE Non-Grant Courses:					
		Flat Rate: CdnFlat Rate: ☐ Yes ☐ N/A					

21. Approvals:						
Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Academic Committee	Faculty	SCTP
Name		K. Franklin				
Signature						
Date						
Departmental Contact Person (name/phone/email)) / thomas.shultz@mcgill.c	a			