McGill

AC-04-57
Course Revision Form

(09/2003)

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: Psychology

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
☐ **Retirement**

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

Old Credit Weight or CEU's (if applicable)
3 credit

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

Subject/course number: PSYC 497

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.
Senior Honours Research 2

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
Research Course	18				

Total Hours per Week: 18

Total Number of Weeks: 13

14. Projected Enrolment:
25

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):

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):

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)

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.

Third laboratory research project.

23. Rationale

To bring the credit weighting into line with reality.

INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR'S OFFICE

To be completed by the Faculty

Slot Course: ☐ **Yes** ☐ **No**

Thesis Component: ☐ **Yes** ☐ **No**

To be completed by ARR

CIP Code

For Continuing Education Use

CE Admin. Unit :

CE Non-Grant Courses:

Flat Rate: CdnFlat Rate: ☐ **Yes** ☐ **N/A**

24. Approvals:

Routing Sequence	**Departmental Meeting**	**Departmental Chair**	**Other Faculty**	**Curric/Academic Committee**	**Faculty**	**SCTP**
Name	Thomas Shultz	Keith Franklin				
Signature						
Date						

Departmental Contact Person (name/phone/email)

Mary Gauthier, Psychology, 6121, mary.Gauthier@mcgill.ca