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| <b>1. Will this course revision affect a current program?</b><br>If "yes", has a Program Revision Form been submitted concurrently?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| <b>2. Teaching Department:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |  | <b>4. Campus</b><br>(Downtown, Macdonald,<br>Off Campus, Distance<br>Ed, Other – specify)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>  | <b>5. Effective Term of Implementation</b><br>(Ex. Sept. 2004 = 200409)<br><br>Term: <div style="border: 1px solid black; height: 20px; width: 100%;"></div><br><input type="checkbox"/> Retirement |
| <b>3. Administering Faculty/Unit:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>   |  |   |   |
| <b>6. Responsible Instructor:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>   |  | <b>8. Course Number(s)</b><br>Indicate course number & the number of terms spanned:<br>(tick all that apply)<br><br>Subject/course number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div><br><br>Course(s) Span:<br><input type="checkbox"/> 1 term<br><input type="checkbox"/> 2 consecutive terms (D1, D2)<br><input type="checkbox"/> 2 non-consecutive terms (N1, N2)<br><input type="checkbox"/> 3 consecutive terms (J1, J2, J3) |   |
| <b>7. Credit Weight</b><br>(or CEU's for non-credit CE courses):<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div><br><br>Old Credit Weight or CEU's (if applicable)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |  |   |   |
| <b>9. Number Change From:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>   |  | <b>10. Consolidation of Courses:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>   |   |
| <b>11. Split of Multi-Term Course:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |  |   |   |
| <b>12. Course Title (Limit 30 char.) - required for all courses.</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div><br><br>Old Course Title (if applicable)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>       |  | <b>13. Course Title to Appear in the Calendar (Optional)</b><br>(Limit 59 characters):<br>Note: This can ONLY be an expansion of word(s) abbreviated in<br>the 30 character course title in Box 12.<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div>  |   |
| <b>14. Rationale for revised course</b><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div>  |  |   |   |
| <b>15. New Course Description</b><br>(as it will appear in the Calendar [maximum 50 words]):<br>(N.B. Faculty of Medicine must append complete course outline)<br><div style="border: 1px solid black; height: 40px; width: 100%;"></div>                                |  |   |   |
| <b>16. Old Course Description</b><br>(may be found in the Calendar or Banner)<br><div style="border: 1px solid black; height: 40px; width: 100%;"></div>   |  |   |   |

17. Supplementary information to appear in the Calendar in addition to the course description.  
Such as: equivalent course(s), contact hours, enrolment limitations, language of instruction etc.  
**Please enter the information as it should appear in the calendar notes.**

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18. Schedule Types(s):  
(Enter all that apply – see course guidelines for a complete list.)

| Hours per Week         | Hours per Week       | Hours per Week       |
|------------------------|----------------------|----------------------|
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| Total Hours per Week:  |                      | <input type="text"/> |
| Total Number of Weeks: |                      | <input type="text"/> |

19. Projected Enrolment:

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20. Revised Prerequisite(s) (Courses or Tests) (in full)  
Specify course number(s) or name(s) of test(s):

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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):

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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)

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

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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):

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22. Revised Restriction(s):

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Old Restriction(s):

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

Amount

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

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

25. Consultation Reports Attached  
☐ Yes ☐ N/A

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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

26. Approvals:

| Routing Sequence                               | Departmental Meeting | Departmental Chair   | Other Faculty        | Curric/Academic Committee | Faculty              | SCTP                 |
|--|----------------------|----------------------|----------------------|---------------------------|----------------------|----------------------|
| Name   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>      | <input type="text"/> | <input type="text"/> |
| Signature                                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>      | <input type="text"/> | <input type="text"/> |
| Date   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>      | <input type="text"/> | <input type="text"/> |
| Departmental Contact Person (name/phone/email) | <input type="text"/> |                      |                      |                           |                      |                      |