McGill

New Course Proposal Form

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

2. Teaching Department:

3. Administering
   Faculty/Unit:

6. Responsible
   Instructor

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

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

   Term:

7. Course Title (Limit 30 Characters) - required for all courses:

9. 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.

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

8. 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 consecutive terms (J1, J2, J3)

11. Rationale for new course

12. Course Description
    (as it will appear in the Calendar [maximum 50 words]):
    (N.B. Faculty of Medicine must append complete course outline)

13. 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.

14. Schedule Types(s):
   (Enter all that apply – see course guidelines for a complete list.)
   (i.e. Lecture, Labs, Tutorial)

Hours per Week   Hours per Week   Hours per Week

_____ ☐   _____ ☐   _____ ☐

_____ ☐   _____ ☐   _____ ☐

Total Hours per Week: ☐

Total Number of Weeks: ☐

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15. Projected Enrolment:

[   ]

16. Required text and/or preliminary reading list sent to library?

☐ Yes ☐ No

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17. Prerequisite(s) (Courses or Tests)
   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

18. Corequisite(s) Course Number(s):
   Specify course number(s) and title(s):

[   ]

If the student does not register for the corequisite
in the same term should web registration be blocked?
☐ Yes ☐ No

19. Restriction(s):

[   ]

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20. Consultation Reports Attached
   ☐ Yes ☐ N/A

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

21. Additional Course Charges (must be approved by the Fee
   Policy Committee)

   Description of Fee
   (e.g. screening fee)   Amount

   [   ] [   ]

INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR'S OFFICE

To be completed by the Faculty	*To be completed by ARR*	*For Continuing Education Use*
Slot Course: ☐ Yes ☐ No	CIP Code	CE Admin. Unit :
Thesis Component: ☐ Yes ☐ No		CE Non-Grant Courses:
		Flat Rate: CdnFlat Rate: ☐ Yes ☐ N/A

23. Approvals:

Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Academic Committee	Faculty	SCTP
Name						
Signature						
Date						

Departmental Contact Person (name/phone/email)