

MCC-05-27 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 Yes No
2. Teaching Department:	4. Campus (Downtown, Macdonald, Off Campus, Distance Ed, Other – specify) 5. Effective Term of Implementation (Ex. Sept. 2004 = 200409) Term:
3. Administering Faculty/Unit:	Retirement
6. Responsible Instructor:	Course Number(s) Indicate course number & the number of terms spanned: (tick all that apply)
7. Credit Weight (or CEU's for non-credit CE courses):	Subject/course number:
Old Credit Weight or CEU's (if applicable)	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	f Courses: 11. Split of Multi-Term Course:
12. Course Title (Limit 30 char.) - required for all courses.	Course Title to Appear in the Calendar (Optional) (Limit 59 characters): Note: This can ONLY be an expansion of word(s) abbreviated in

Old Course Title (if applicable)

(3) (Fall, Winter or Summer) (Restriction: Open only to Biology students) (Prerequisite: BIOL 206 or BIOL 301 or other suitable laboratory course) Projects must be arranged individually with a staff member of the Biology Department and a form from Ms Comeau, Room W4/8, Stewart Building, must be completed to receive credit for the course. A written report is required and a copy must be submitted with the mark to Ms Comeau.	
19. Projected Enrolment:	21. Revised Corequisite(s) Course Number(s) (in full): Specify course number(s):
20. Revised Prerequisite(s) (Courses or Tests) (in full) Specify course number(s) or name(s) of test(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):
If the student does not have a prerequisite should web registration be blocked? Yes No	
If "Yes" complete A and B: A. Indicate minimum.0007 Tc -0.00031 Tw 7.98 060#M18CID 9.66 265.	22. Revised Restriction(s): 73999 0.72 ref3.Indicate minimum.e 107.25215 412.0199ief3.Indicate minimum.e 107
	Old Restriction(s):
	23. Additional Course Charges (must be approved by the Fee Policy Committee) Description of Fee (e.g. screening fee) Amount
	25. Consultation Reports Attached Yes N/A

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.

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:

26. Approvals:

Routing Sequence

Departmental Meeting

Departmental Chair

Other Faculty Curric/Academic Committee

Faculty

SCTP

Name

Signature

Date

Departmental Contact Person (name/phone/email)