McGill

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:

   Psyc

3. Administering
   Faculty/Unit:

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

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

   Term:

   Retirement

6. Responsible
   Instructor:

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

   Old Credit Weight or CEU's (if applicable)

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)

9. Number Change From:

10. Consolidation of Courses:

11. Split of Multi-Term Course:

12. Course Title (Limit 30 char.) - required for all courses.

    Old Course Title (if applicable)

13. 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 12.

14. Rationale for revised course

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

    A survey of major issues in the developing field of health psychology: historical perspective; health effects of stress; pain mechanisms and management; prevention and management of chronic diseases, hypertension, coronary heart disease, cancer, and immunological disorders. Behaviour change strategies for smoking, overeating, physical inactivity, and sexual risk behaviour.

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.

19. Projected Enrolment:

22. Revised Restriction(s):

   Old Restriction(s):

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

25. Consul

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 :
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)						