



1. Will this course revision affect a current program? If "yes", has a Program Revision Form been submitted concurrently?	Yes Yes	No No
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2. Teaching Department:

SCIENCE

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

5. Effective Term of Implementation  
(Ex. Sept. 2004 = 200409)  
9

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

3

Old Credit Weight or CEU's (if applicable)

7. 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

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

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.) **NO CHANGE**

Hours per Week	Hours per Week	Hours per Week
_____	_____	_____
_____	_____	_____

Total Hours per Week:

Total Number of Weeks:

**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.**

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):**

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**23. Rationale**

**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 CoursesC /P #MCID 14 BDC BT/TT1 1 Tf10.0010

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