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| 1. Will this course revision affect a current program? If "yes", has a Program Revision Form been submitted concurrently? | | Yes Yes | No No |
| 2. Teaching Department: <div style="border: 1px solid black; padding: 2px; width: 150px; margin-left: 20px;"> Psyc </div> | 4. Campus (Downtown, Macdonald, Off Campus, Distance Ed, Other – specify) | 5. Effective Term of Implementation (Ex. Sept. 2004 = 200409) Term: <div style="text-align: center;">Retirement</div> | |
| 3. Administering Faculty/Unit: | | 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) | | | |
| <div style="border: 1px solid black; padding: 5px;"> <p>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.</p> </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.

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 |
|--|--------|
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25. Consul

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) | | | | | | |