1. Will this course revision affect a current program? [X] Yes [ ] No
   If "yes", has a Program Revision Form been submitted concurrently? [X] Yes [ ] No

2. Teaching Department: Atmospheric & Oceanic Sciences

3. Administering Faculty/Unit: Science

4. Campus (Downtown, Macdonald, Off Campus, Distance Ed, Other – specify)
   - Downtown
       - Term: 200709
       - [ ] Retirement

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

6. Responsible Instructor:

7. Credit Weight (or CEU's for non-credit CE courses):
   - (3)

   Old Credit Weight or CEU's (if applicable)
   - (3)

8. Course Number(s)
   - Subject/course number: ATOC 419
   - Course(s) Span:
     - [X] 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.
   - Advances in Chem of Atmosphere
   - Old Course Title (if applicable)
     - Advances in Chem of Atmosphere

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.
   - Advances in Chemistry of Atmosphere

14. Rationale for revised course
   - Co/Prerequisite course numbers change to reflect introduction of CHEM 223, CHEM 253, CHEM 243, and CHEM263

15. New Course Description
   (as it will appear in the Calendar [maximum 50 words]):
   (N.B. Faculty of Medicine must append complete course outline)
   - No change

16. Old Course Description
   (may be found in the Calendar or Banner)
   - No change
17. Supplementary information to appear in the Calendar in addition to the course description. Such as: equivalent course(s), contact hours, enrollment limitations, language of instruction etc. Please enter the information as it should appear in the calendar notes.

18. Schedule Types(s):
(Enter all that apply – see course guidelines for a complete list.)

<table>
<thead>
<tr>
<th>Hours per Week</th>
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Total Hours per Week: 

Total Number of Weeks: 

19. Projected Enrollment:

20. Revised Prerequisite(s) (Courses or Tests) (in full)
Specify course number(s) or name(s) of test(s):

CHEM 243, and CHEM 263 or CHEM 213 and CHEM 273, MATH 222 and MATH 315 (or equivalents) or permission of instructor.

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)

CHEM 213, CHEM 273, MATH 222 and MATH 315 (or equivalents) or permission of instructor

21. Revised Corequisite(s) Course Number(s) (in full):
Specify course number(s):

No change

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):

22. Revised Restriction(s):

No change

Old Restriction(s):

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

N/A

24. Requires Teaching, Physical, or Financial Resources Not Currently Available (attach explanation)

☐ Yes ☐ No

25. Consultation Reports Attached

☐ Yes ☐ N/A
<table>
<thead>
<tr>
<th>Slot Course</th>
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<tr>
<td>Thesis Component</td>
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<td>CE Admin. Unit:</td>
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<td>Date</td>
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<td>Curric/Academic Committee</td>
<td>Flat Rate: Cdn Flat Rate:</td>
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26. Approvals:

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<th>Departmental Chair</th>
<th>Other Faculty</th>
<th>Curric/Academic Committee</th>
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<tbody>
<tr>
<td>Name</td>
<td>David Ronis</td>
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Departmental Contact Person (name/phone/email): David Ronis, 6940, ronis@onsager.chem.mcgill.ca