**Course Revision Form**

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:  
   Atmospheric and Oceanic Sciences

3. Administering Faculty/Unit:  
   Science

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

5. Effective Term of Implementation  
   (Ex. Sept. 2004 = 200409)  
   Term: 200709  
   Retirement

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)  
   Indicate course number & the number of terms spanned:  
   (tick all that apply)  
   Subject/course number: ATOC 230  
   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.  
   Climate and Climate Change  
   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  
   There is increasing interest in climate and climate change. The level of the course has been revised to allow students to take it for general interest without pre-requisites.

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

16. Old Course Description  
   (may be found in the Calendar or Banner)
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.

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

<table>
<thead>
<tr>
<th>Hours per Week</th>
<th>Hours per Week</th>
<th>Hours per Week</th>
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</tbody>
</table>

Total Hours per Week: [Blank]

Total Number of Weeks: [Blank]

19. Projected Enrolment: [Blank]

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

No pre-requisites

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)

CEGEP Physics or GEOG 203

21. 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):

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

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

- Yes
- No

25. Consultation Reports Attached

- Yes
- N/A
### INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR'S OFFICE

<table>
<thead>
<tr>
<th>Slot Course:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>CIP Code</td>
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26. Approvals:

<table>
<thead>
<tr>
<th>Routing Sequence</th>
<th>Departmental Meeting</th>
<th>Departmental Chair</th>
<th>Other Faculty</th>
<th>Curric/Academic Committee</th>
<th>Faculty</th>
<th>SCTP</th>
</tr>
</thead>
</table>

| Name             |                     |                    |              |                          |         |     |
| Signature        |                     |                    |              |                          |         |     |
| Date             |                     |                    |              |                          |         |     |

Departmental Contact Person (name/phone/email)