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: [BIOLOGY]

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: 200509]
   [ ] Retirement

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: [BIOL 202]

   Course(s) Span:
   [x] 1 term
   [ ] 2 consecutive terms (D1, D2)
   [ ] 2 non-consecutive terms (N1, N2)
   [ ] 3 terms (J1, J2, J3)

8. Number Change From:

9. Consolidation of Courses:

10. Split of Multi-Term Course:

11. Course Title (Limit 30 char.) - required for all courses.
    [BASIC GENETICS]

   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

14. Projected Enrolment:

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

| No Change |

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. Additional Course Charges (must be approved by the Fee Policy Committee)
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):

| |

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

| NO CHANGE |

22. Supplementary information to appear in the Calendar in addition to the course description.
Such as: registration restriction(s), prerequisite(s), corequisite(s), equivalent course(s), contact hours, enrolment limitations, language of instruction etc.
Please enter the information as it should appear in the calendar notes.

| Restriction: Not open to students who have taken or are taking CELL 204 |

| Old restriction: None |
23. Rationale

These courses have a considerable amount of overlap and students should not receive credit for both.

INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR’S OFFICE

To be completed by the Faculty
Slot Course: ☐ Yes ☐ No
CIP Code
CE Admin. Unit:
CE Non-Grant Courses:
Thesis Component: ☐ Yes ☐ No
Flat Rate: CdnFlat Rate: ☐ Yes ☐ N/A

24. Approvals:

Routing Sequence
Name
Signature
Date

Departmental Contact Person (name/phone/email)
SUSAN GABE/7045/SUSAN.GABE@MCGILL.CA