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 205

   Course(s) Span:
   □ 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.
   BIOLOGY OF ORGANISMS

   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:

   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):

| 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):

| 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):

| |

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 PLNT 201

Old Restriction: None
23. Rationale

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

<table>
<thead>
<tr>
<th>INFORMATION FOR ADMISSIONS, RECRUITMENT &amp; REGISTRAR’S OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To be completed by the Faculty</strong></td>
</tr>
<tr>
<td>Slot Course: □ Yes □ No</td>
</tr>
<tr>
<td>CIP Code</td>
</tr>
<tr>
<td><strong>To be completed by ARR</strong></td>
</tr>
<tr>
<td><strong>For Continuing Education Use</strong></td>
</tr>
<tr>
<td>CE Admin. Unit:</td>
</tr>
<tr>
<td>CE Non-Grant Courses:</td>
</tr>
<tr>
<td><strong>Thesis Component:</strong> □ Yes □ No</td>
</tr>
<tr>
<td>Flat Rate: CdnFlat Rate: □ Yes □ N/A</td>
</tr>
</tbody>
</table>

24. 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>
<tbody>
<tr>
<td>Name</td>
<td>P. LASKO</td>
<td>P. LASKO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Departmental Contact Person (name/phone/email)</td>
<td>SUSAN GABE/7045/SUSAN.GABE@MCGILL.CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Course Revision Form C2-3