1. Will this course revision affect a current program?  
   "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)  
   OFF CAMPUS  
   □ Retirement  

5. Effective Term of Implementation  
   (Ex. Sept. 2004 = 200409)  
   Term: 200509  

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 331  
   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.  
   ECOLOGY/BEHAVIOUR FIELD COURSE  
   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  
   Hours per Week  
   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):

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)

Methods of sampling natural populations. Testing hypotheses in nature.

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.

(3) (Fall) (Prerequisites: BIOL 206 and BIOL 215) (Preregistration in March and April. See Course web page: http://www2.mcgill.ca/biology/undergrad/C331A/index.htm) (Meets 12-days just before the fall term, with a project report early in the fall term.)

OLD DESCRIPTION
(3) (Fall) (Prerequisites: BIOL 206 and BIOL 215) (Preregistration in March and April. See Professor Lechowicz). A 12-day field course just before the fall term, with a project report to be prepared early in the fall term. Methods of sampling natural populations of animal and plant species in fresh water and terrestrial habitats. Estimating population size. Testing hypotheses in nature. Energy flow determinations and behavioural ecology.
23. Rationale

Simplifying course description and providing more accurate references (eg. web page reference rather than professor).

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<thead>
<tr>
<th>INFORMATION FOR ADMISSIONS, RECRUITMENT &amp; REGISTRAR'S OFFICE</th>
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<tbody>
<tr>
<td><strong>To be completed by the Faculty</strong></td>
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<tr>
<td>Slot Course: □ Yes □ No</td>
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<tr>
<td>Thesis Component: □ Yes □ No</td>
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<tr>
<td>Flat Rate: CdnFlat Rate: □ Yes □ N/A</td>
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<th>24. Approvals:</th>
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<tr>
<td><strong>Routing Sequence</strong></td>
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<td>Name</td>
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Departmental Contact Person (name/phone/email)

SUSAN GABE/ 7045/ SUSAN.GABE@MCGILL.CA