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

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 336

   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.
    Marine Aquaculture

    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
    Hours per Week

14. Projected Enrolment:

      Hours per Week  
      Total Hours per Week:  
      Total Number of Weeks:  

5. Effective Term of Implementation
   (Ex. Sept. 2004 = 200409)
   Term: 200505
   ☑ Retirement

4. Campus
   (Downtown, Macdonald, Off Campus, Distance Ed, Other – specify)
   Off Campus
### 15. Revised Prerequisite(s) (Courses or Tests) (in full)
Specify course number(s) or name(s) of test(s):

<table>
<thead>
<tr>
<th>Old prerequisite course number(s) or test score title(s) (if applicable)</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Old corequisite(s) course numbers (if applicable)</th>
</tr>
</thead>
</table>

If the student does not register for the corequisite in the same term should web registration be blocked?
- [ ] Yes
- [ ] No

### 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
- [ ] No
- [ ] 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)

### 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.
23. Rationale
This is a field course offered by the Huntsman Marine Institute. Biology has decided to retire the course. It has not been offered for many years due to insufficient enrolment.

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:

For Continuing Education Use

Thesis Component: □ Yes □ No

Flat Rate: CdnFlat Rate: □ Yes □ N/A

24. Approvals:

Routing Sequence

Departmental Meeting: P LASKO

Departmental Chair: P LASKO

Other Faculty

Curric/Academic Committee

Faculty

SCTP

Name

Signature

Date

Departmental Contact Person (name/phone/email)

SUSAN GABE /7045/ susan.gabe@mcgill.ca

Course Revision Form C2-3