MCC-04-12
Course Revision Form
(09/2003)

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: 200501
   □ 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 352
   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.
    VERTEBRATE EVOLUTION
    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):

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>NO CHANGE</td>
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</tbody>
</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

Old prerequisite course number(s) or test score title(s) (if applicable):

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<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>NO CHANGE</td>
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</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</table>

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):

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<th>Description</th>
<th>Amount</th>
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### 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):

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### 21. Course Description
(as it will appear in the Calendar [maximum 50 words]):

(N.B. Faculty of Medicine must append complete course outline)

The origin and evolution of the major groups of vertebrates; their anatomy, phylogeny and zoogeography.

### 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.

<table>
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<tr>
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OLD COURSE DESCRIPTION

The origin and evolution of the major groups of vertebrates; their anatomy, phylogeny and zoogeography. Structural, behavioral and physiological adaptations to different environments and energetic requirements. Evolutionary theory as applied to major events in the history of vertebrates; the origin and radiation of major taxa, patterns and rates of evolution.
23. Rationale

Shortening and simplifying of course description in accordance with faculty preferences.

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### INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR’S OFFICE

<table>
<thead>
<tr>
<th>To be completed by the Faculty</th>
<th>To be completed by ARR</th>
<th>For Continuing Education Use</th>
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<tbody>
<tr>
<td>Slot Course:</td>
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<tr>
<td>CIP Code</td>
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<td>CE Admin. Unit:</td>
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<td>CE Non-Grant Courses:</td>
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<td>Flat Rate: CdnRate:</td>
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<td>Thesis Component:</td>
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<td>Other Faculty</td>
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<td>Curric/Academic Committee</td>
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<td>Faculty</td>
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<td>SCTP</td>
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### 24. Approvals:

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<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>
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Contact Person:

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

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Course Revision Form C2-3