1. Will this course revision affect a current program?  
   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: BIOLOGY 358

   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.  
   CANADIAN FLORA

   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.)

   Hours per Week
   ____________________________  ____________________________  ____________________________
   ____________________________  ____________________________  ____________________________
   ____________________________  ____________________________  ____________________________
   ____________________________  ____________________________  ____________________________

   Total Hours per Week:  
   ____________________________
   ____________________________
   ____________________________
   ____________________________

   Total Number of Weeks:
   ____________________________
   ____________________________
   ____________________________
   ____________________________

14. Projected Enrolment:
   ____________________________
   ____________________________
<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Revised Prerequisite(s) (Courses or Tests) (in full)</td>
<td>Specify course number(s) or name(s) of test(s):</td>
</tr>
<tr>
<td></td>
<td>Old prerequisite course number(s) or test score title(s) (if applicable)</td>
</tr>
<tr>
<td>If the student does not have a prerequisite should web registration be blocked?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>If “Yes” complete A and B:</td>
<td></td>
</tr>
<tr>
<td>A. Indicate minimum grade or test score(s) the student must attain in prerequisite course(s) or test(s):</td>
<td></td>
</tr>
<tr>
<td>B. Can the prerequisite course(s) or test(s) be taken in the same term as this course?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Old prerequisite course number(s) or test score title(s) (if applicable)</td>
<td></td>
</tr>
<tr>
<td>16. Revised Corequisite(s) Course Number(s) (in full):</td>
<td>Specify course number(s):</td>
</tr>
<tr>
<td></td>
<td>Old corequisite(s) course numbers (if applicable):</td>
</tr>
<tr>
<td>If the student does not register for the corequisite in the same term should web registration be blocked?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>17. Additional Course Charges (must be approved by the Fee Policy Committee)</td>
<td>Description of Fee (e.g. screening fee)</td>
</tr>
<tr>
<td></td>
<td>Amount</td>
</tr>
<tr>
<td>18. Requires Teaching, Physical, or Financial Resources Not Currently Available (attach explanation)</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>19. Consultation Reports Attached</td>
<td>Yes ☐ N/A ☐</td>
</tr>
<tr>
<td>20. Other Information (specify):</td>
<td></td>
</tr>
<tr>
<td>21. Course Description</td>
<td>(as it will appear in the Calendar [maximum 50 words]): (N.B. Faculty of Medicine must append complete course outline)</td>
</tr>
<tr>
<td>22. Supplementary information to appear in the Calendar in addition to the course description.</td>
<td>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.</td>
</tr>
</tbody>
</table>
23. Rationale

This course is being retired. Its sister course PLNT 358 (same course), given at MacDonald campus, will continue. Students truly interested in pursuing this course can use the intercampus shuttle bus and take it at the Macdonald campus. The McGill campus course is being dropped due to insufficient enrolment. In general, the costs and time demands of the course are not balanced by sufficient student interest.

see enclosed letter for details

BIOL 358 is not a required course in any BIOL program (hence no program revision form)

INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR'S OFFICE

To be completed by the Faculty
Slot Course: □ Yes □ No
CIP Code

To be completed by ARR
CE Admin. Unit:
CE Non-Grant Courses:

For Continuing Education Use
Flat Rate: CdnFlat Rate: □ Yes □ N/A

Thesis Component: □ Yes □ No

24. Approvals:

Routing Sequence
Name

Departmental Meeting
P LASKO

Departmental Chair
P LASKO

Other Faculty

Curric/Academic Committee

Faculty

SCTP

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

(name/phone/email)