1. Will this course revision affect a current program?  Yes [ ] No [X]  
If "yes", has a Program Revision Form been submitted concurrently?  Yes [ ] No [X]  

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 credits  
Old Credit Weight or CEU's (if applicable)  

7. Course Number(s)  
Indicate course number & the number of terms spanned:  
(tick all that apply)  
Course(s) Span:  
[ ] 1 term  
[ ] 2 consecutive terms (D1, D2)  
[ ] 2 non-consecutive terms (N1, N2)  
[ ] 3 terms (J1, J2, J3)  
Subject/course number:  [BIOL 385]  

8. Number Change From:  [BIOL 485]  

9. Consolidation of Courses:  

10. Split of Multi-Term Course:  

11. Course Title (Limit 30 char.) - required for all courses.  
PLANT GROWTH AND DEVELOPMENT  
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  

<table>
<thead>
<tr>
<th>Hours per Week</th>
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Total Hours per Week:  
Total Number of Weeks:  

14. Projected Enrolment:  

### Revised Prerequisite(s) (Courses or Tests) (in full)
Specify course number(s) or name(s) of test(s):

| BIOL 205 or permission of instructor |

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):

| BIOL 205; BIOL 300 or permission of instructor |

### 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):

|  |

### Additional Course Charges (must be approved by the Fee Policy Committee)
Description of Fee (e.g. screening fee) | Amount
--- | ---

### Requires Teaching, Physical, or Financial Resources Not Currently Available (attach explanation)

- [ ] Yes
- [ ] No

### Course Description (as it will appear in the Calendar [maximum 50 words]):
(N.B. Faculty of Medicine must append complete course outline)

NO CHANGE

### 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.

(3) (Fall) (3 hours lecture) (Prerequisites: BIOL 205) (Not open to students who have taken BIOL 357 or BIOL 485)

Previous Supplemental text:

(3) (Fall) (3 hours lecture) (Prerequisites: BIOL 205, BIOL 300 or permission of the instructor) (Not open to students who have taken BIOL 357)
23. Rationale

The course content taught at a 300-level will better compliment material covered in BIOL 205 (taught by the same professor) also allowing for a more consistent flow of ideas.

BIOL 300 is to be dropped from the existing prerequisites as it is no longer relevant. The material covered in BIOL 205 and its prerequisites of BIOL 200 and 201 are sufficient.

INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR’S OFFICE

<table>
<thead>
<tr>
<th>Slot Course:</th>
<th>□ Yes □ No</th>
<th>CIP Code</th>
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<tbody>
<tr>
<td>Thesis Component:</td>
<td>□ Yes □ No</td>
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For Continuing Education Use

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<th>CE Admin. Unit:</th>
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<td>CE Non-Grant Courses:</td>
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| Flat Rate: CdnFlat Rate: | □ Yes □ N/A |

24. Approvals:

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<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>
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Departmental Contact Person (name/phone/email)

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

Course Revision Form C2-3