MCC-04-13
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 389
Course(s) Span:
X 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.
LABORATORY IN NEUROBIOLOGY

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

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Total Hours per Week:

Total Number of Weeks:

14. Projected Enrolment:

C2-1
OLD DESCRIPTION

(3) (Winter) (1 hour lecture; 5 hours laboratory) (Prerequisites: BIOL 306 or PHGY 311 or PSYC 308 or NEUR 310 or permission). Provides experience in the methods of neurobiological research; experiments include extracellular and intracellular recording from nerve cells, electrical stimulation, and the study of neuro-behavioural problems.
23. Rationale

Simplification of course description as per Faculty preferences

INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR'S OFFICE

To be completed by the Faculty

Slot Course:  □ Yes  □ No

To be completed by ARR

CIP Code

For Continuing Education Use

CE Admin. Unit:

CE Non-Grant Courses:

Thesis Component:  □ Yes  □ No

Flat Rate: CdnFlat Rate:  □ Yes  □ N/A

24. Approvals:

Routing Sequence

Departmental Meeting  Departmental Chair  Other Faculty  Curric/Academic Committee  Faculty  SCTP

Name

P LASKO  P LASKO

Signature

Date

Departmental Contact Person

(name/phone/email)

Susan Gabe/ 7045/ susan.gabe@mcgill.ca