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: 200609

6. Responsible Instructor:  
   GREGOR FUSSMAN

7. Credit Weight  
   (or CEU's for non-credit CE courses):
   9

   Old Credit Weight or CEU's (if applicable)

8. Course Number(s)  
   Indicate course number & the number of terms spanned:  
   (tick all that apply)
   Subject/course number: BIOL 479D1/479D2
   Course(s) Span:
   ☐ 1 term
   ☐ 2 consecutive terms (D1, D2)
   ☒ 2 non-consecutive terms (N1, N2)
   ☐ 3 consecutive terms (J1, J2, J3)

9. Number Change From:

10. Consolidation of Courses:

11. Split of Multi-Term Course:

12. Course Title (Limit 30 char.) - required for all courses.  
   HONOURS RESEARCH PROJECT 1

   Old Course Title (if applicable)
   HONOURS PROJECT 1

13. 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 12.

14. Rationale for revised course  
   In accordance with the directive from Faculty re the DMURL, the title has been changed to more clearly define it as a research based course.

15. New Course Description  
   (as it will appear in the Calendar [maximum 50 words]):  
   (N.B. Faculty of Medicine must append complete course outline)
   NO CHANGE

16. Old Course Description  
   (may be found in the Calendar or Banner)


17. Supplementary information to appear in the Calendar in addition to the course description. Such as: equivalent course(s), contact hours, enrolment limitations, language of instruction etc. Please enter the information as it should appear in the calendar notes.

NO CHANGE

18. Schedule Types(s): (Enter all that apply – see course guidelines 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:

19. Projected Enrolment:

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

NO CHANGE

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)

21. 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)

22. Revised Restriction(s):

Old Restriction(s):

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

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

☐ Yes ☐ No

25. Consultation Reports Attached

☐ Yes ☐ N/A
### 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 Non-Grant Courses:</td>
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<td>Flat Rate: CdnFlat Rate:</td>
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<td>Thesis Component:</td>
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**Name**:  
P. LASKO  
P. LASKO  

**Signature**:  

**Date**:  

**Departmental Contact Person (name/phone/email)**:  
SUSAN GABE/ 7045/ SUSAN.GABE@MCGILL.CA  

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**Routing Sequence**

<table>
<thead>
<tr>
<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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**26. Approvals**

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