# Course Revision Form

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: 200509  
   [ ] Retirement

6. Credit Weight (or CEU's for non-credit CE courses):  
   3
   Old Credit Weight or CEU's (if applicable)  
   3

7. Course Number(s)  
   Indicate course number & the number of terms spanned:  
   (tick all that apply)  
   Subject/course number: BIOL 516
   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:  
   No change

9. Consolidation of Courses:  
   
10. Split of Multi-Term Course:  
   
11. Course Title (Limit 30 char.) - required for all courses.  
   Genetics of Mammalian Devel.
   Old Course Title (if applicable)  
   Genetics of Development

12. Course Title to Appear in the Calendar (Optional)  
   (Limit 59 characters):  
   Genetics of Mammalian Development

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:  
   
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C2-1
15. 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):

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

   No change

   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):

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):

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

    No Change

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.

    No Change
23. Rationale

The addition of “Mammalian” is required to distinguish this course more readily from the other developmental genetics courses offered by the department.

<table>
<thead>
<tr>
<th>INFORMATION FOR ADMISSIONS, RECRUITMENT &amp; REGISTRAR'S OFFICE</th>
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<tbody>
<tr>
<td><strong>To be completed by the Faculty</strong></td>
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<tr>
<td>Slot Course: ☐ Yes ☐ No</td>
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<td>CE Admin. Unit:</td>
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<td>Thesis Component: ☐ Yes ☐ No</td>
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<th>24. Approvals:</th>
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<tr>
<td><strong>Routing Sequence</strong></td>
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<td>Signature</td>
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<td>Date</td>
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<td>Departmental Contact Person</td>
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(name/phone/email)