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 530
   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.
   NEURAL BASIS OF BEHAVIOUR
   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): SEMINAR
   (Enter all that apply – see form, STVSCHD in Banner for a complete list.)

<table>
<thead>
<tr>
<th>Hours per Week</th>
<th>Hours per Week</th>
<th>Hours per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEMINAR</td>
<td>3</td>
<td></td>
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<td>3</td>
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<td>3</td>
</tr>
</tbody>
</table>

   Total Hours per Week:  13
   Total Number of Weeks:  13

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

| BIOL 306 OR PHGY 311 OR PSYC 308 OR NEUR 310 |

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)

<table>
<thead>
<tr>
<th>Description of Fee (e.g. screening fee)</th>
<th>Amount</th>
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</thead>
</table>

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

☐ Yes  ☐ No

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

Neural mechanisms underlying behaviours such as communication, visual behaviour, escape, orientation, neurogenetics and locomotion.

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.

(3) (Winter) (3 hours seminar) (Prerequisite: BIOL 306 or PHGY 311 or PSYC 308 or NEUR 310)

OLD DESCRIPTION:

(3) (Winter) (1 hour lecture, 2 hours seminar) (Prerequisites: BIOL 306 or PHGY 311 or PSYC 308) (Not open to students who have taken 177-430). This course examines neural mechanisms underlying behaviour. Topics will be introduced by a lecture, supplemented by a review article. This will be followed by student seminars and/or discussions. Topics will vary according to current literature, but will likely include communication, visual behaviour, escape, orientation, neurogenetics and locomotion.
23. Rationale

An additional alternative prerequisite was added to better reflect requirements. Course description was simplified and shortened to meet faculty preferences. The restriction has been removed since it is no longer relevant. The schedule type was changed to "seminar" since that is a more accurate description of the course format. The course has changed from 1 hour of lecture and 2 hours of seminar per week to 3 hours of seminar only.

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: Cdn Flat Rate: □ Yes □ N/A

24. Approvals:

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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Name

Signature

Date

Departmental Contact Person (name/phone/email)

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