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:  200509  ☐ 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)
   Subject/course number:  BIOL 531
   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.
   NEUROBIOLOGY LEARNING MEMORY
   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
    | Hours per Week | Hours per Week | Hours per Week |
    |----------------|----------------|----------------|
    |                |                |                |
    |                |                |                |
    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 306 OR PHGY 311 OR PSYC 308 OR NEUR 310 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 306 OR PERMISSION

### 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

### Consultation Reports Attached
- Yes
- N/A

### 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**

### 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) (Fall) (3 hours lecture and discussion) (Prerequisites: BIOL 306 or PHGY 311 or PSYC 308 or NEUR 310 or permission)

New restriction: None

Old restriction: Not open to students who have taken 177-431

### OLD SUPPLEMENTARY INFORMATION:

(3) (Fall) (3 hours lecture and discussion) (Prerequisites: BIOL 306 or permission) (Not open to students who have taken 177-431).
23. Rationale

Change in prerequisites to more accurately reflect requirements. Removed the restriction as it is no longer relevant.

<table>
<thead>
<tr>
<th>INFORMATION FOR ADMISSIONS, RECRUITMENT &amp; REGISTRAR'S OFFICE</th>
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<tbody>
<tr>
<td>To be completed by the Faculty</td>
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<tr>
<td>Slot Course: Yes</td>
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<tr>
<td>Thesis Component: Yes</td>
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<tr>
<td>Flat Rate: N/A</td>
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24. Approvals:

<table>
<thead>
<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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<tbody>
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Departmental Contact Person (name/phone/email)

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