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

6. Responsible Instructor: ANDREW GONZALEZ

8. Course Number(s)
   Subject/course number: BIOL 206
   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.
   Old Course Title (if applicable)

13. Course Title to Appear in the Calendar (Optional)
   (Limit 59 characters):
   Methods in Biology of Organisms

14. Rationale for revised course
   NEW DESCRIPTION TO REFLECT CHANGES IN THE COURSE CONTENT.

15. New Course Description
   (as it will appear in the Calendar [maximum 50 words]):
   Introduction of modern methods used in organismal biology, including ecological sampling, experimental methods and statistics, taxonomic and phylogenetic analysis of biodiversity, experimental behavioural ecology, microbiological methods, and library search procedures.

16. Old Course Description
   (may be found in the Calendar or Banner)
   Introduction to methods used in organismal biology, including ecological sampling, use of keys, measurements, use of statistics and computers in numerical analysis, microbiological methods, basic histological techniques, use of microscopes and library searching procedures. Lecture and Field trip in week one.
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.

Local field trip in week 2

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):

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) 

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<tr>
<th>Description of Fee</th>
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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

To be completed by the Faculty | To be completed by ARR | For Continuing Education Use
--- | --- | ---
Slot Course: | Yes | No | CIP Code
Thesis Component: | Yes | No | CE Admin. Unit: |
CE Non-Grant Courses: | | | CE Non-Grant Courses: |
Flat Rate: Cdn | Flat Rate: | Yes | N/A

### 26. 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>
<tr>
<td>Name</td>
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Departmental Contact Person (name/phone/email): SUSAN GABE/ 7045/ SUSAN.GABE@MCGILL.CA