### 1. Will this course revision affect a current program?  
If "yes", has a Program Revision Form been submitted concurrently?

- **Yes**
- **No**

### 2. Teaching Department
- Chemistry

### 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: 200709
- **Retirement**

### 6. Responsible Instructor

### 7. Credit Weight  
(or CEU's for non-credit CE courses):
- (3)

- Old Credit Weight or CEU's (if applicable):
- (3)

### 8. Course Number(s)
- Subject/course number: CHEM 273

- Course(s) Span:
  - 1 term
  - 2 consecutive terms (D1, D2)
  - 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.
- Chemical Kinetics

- Old Course Title (if applicable)
- Chemical Kinetics

### 13. Course Title to Appear in the Calendar (Optional)
- (Limit 59 characters):
  - Chemical Kinetics

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
- Course being replaced by CHEM 223, CHEM 253, CHEM 243, and CHEM 263

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

### 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.

18. Schedule Types(s):
(Enter all that apply – see course guidelines 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></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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) 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>
</tr>
</thead>
<tbody>
<tr>
<td>Slot Course:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>CIP Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thesis Component:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>CE Admin. Unit:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CE Non-Grant Courses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flat Rate: CdnFlat Rate:</td>
<td>Yes □ N/A</td>
<td></td>
</tr>
</tbody>
</table>

## 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>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td>David Ronis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Departmental Contact Person**
(name/phone/email)

David Ronis, 6940, ronis@onsager.chem.mcgill.ca