1. Will this course revision affect a current program?  
   If “yes”, has a Program Revision Form been submitted concurrently?  
   \(\checkmark\) Yes  \(\square\) No  \(\checkmark\) Yes  \(\square\) 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  
   \(\square\) Retirement

6. Responsible Instructor:

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

   Old Credit Weight or CEU's (if applicable)  
   \(\checkmark\) (3)

8. Course Number(s)  
   Indicate course number & the number of terms spanned:  
   (tick all that apply)  
   Subject/course number: CHEM 345

   Course(s) Span:  
   \(\checkmark\) 1 term  
   \(\square\) 2 consecutive terms (D1, D2)  
   \(\square\) 2 non-consecutive terms (N1, N2)  
   \(\square\) 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.  
   Molec Props & Structure 1

   Old Course Title (if applicable)  
   Molec Props & Structure 1

13. Course Title to Appear in the Calendar (Optional)  
   (Limit 59 characters):  
   Molecular Properties and Structure 1

14. Rationale for revised course  
   Co/Prerequisite course numbers change to reflect introduction of CHEM 223, CHEM 253, CHEM 243, and CHEM263

15. New Course Description  
   (as it will appear in the Calendar [maximum 50 words]):  
   (N.B. Faculty of Medicine must append complete course outline)  
   No change

16. Old Course Description  
   (may be found in the Calendar or Banner)  
   No Change
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.)

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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):

- CHEM 243 and CHEM 263 or CHEM 213, MATH 315

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):

- CHEM 213 and MATH 315

21. 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):

22. Revised Restriction(s):

No Change

Old Restriction(s):

23. Additional Course Charges (must be approved by the Fee Policy Committee)
Description of Fee (e.g. screening fee) Amount

N/A

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

CE Admin. Unit:
CE Non-Grant Courses:

Thesis Component:  □ Yes  □ No
Flat Rate: Cdn Flat Rate:  □ Yes  □ N/A

26. Approvals:

Routing Sequence  Departmental Meeting  Departmental Chair  Other Faculty  Curric/Academic Committee  Faculty  SCTP

Name  □ □ □ □ □
Signature  □ □ □ □ □
Date  □ □ □ □ □

Departmental Contact Person
(name/phone/email)

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