# Course Revision Form

**AC-05-128**

(07/2004)

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1. **Will this course revision affect a current program?**
   - Yes [X]
   - No [ ]

   **If “yes”, has a Program Revision Form been submitted concurrently?**
   - Yes [X]
   - No [ ]

2. **Teaching Department:**
   - Chemistry

3. **Administrating 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)**
   - Indicate course number & the number of terms spanned: (tick all that apply)
   - Subject/course number: CHEM 514
   - Course(s) Span:
     - [X] 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.**
   - Biophysical Chemistry

   **Old Course Title (if applicable):**
   - Biophysical Chemistry

13. **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 12.
     - Biophysical Chemistry

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.)

<table>
<thead>
<tr>
<th>Hours per Week</th>
<th>Hours per Week</th>
<th>Hours per Week</th>
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<tbody>
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</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):
CHEM 203 or CHEM 204 or CHEM 223 and CHEM 243, 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)
CHEM 203 or CHEM 204 or CHEM 213 or permission of instructor

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

<table>
<thead>
<tr>
<th>Slot Course:</th>
<th>Yes</th>
<th>No</th>
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To be completed by ARR

<table>
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<tr>
<th>CIP Code</th>
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For Continuing Education Use

| CE Admin. Unit:

<table>
<thead>
<tr>
<th>CE Non-Grant Courses:</th>
</tr>
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<table>
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<tr>
<th>Flat Rate: Cdn</th>
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### 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>
</table>

#### Name

- David Ronis

#### Signature

#### Date

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

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