1. Will this course revision affect a current program?  
   If "yes", has a Program Revision Form been submitted concurrently?  
   ☐ Yes ☒ No ☐ 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):  
   2 credits
   Old Credit Weight or CEU's (if applicable):  

8. Course Number(s)  
   Indicate course number & the number of terms spanned:  
   (tick all that apply)
   Subject/course number: CHEM 243
   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.  
   Intro Phys Chem 2
   Old Course Title (if applicable):  

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.
   Introductory Physical Chemistry 2

14. Rationale for revised course  
   Changes in the Freshman program no longer ensure that students will have the required physics courses. Adding PHYS 142 as a prerequisite will fix this.

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)  
   (Limit 59 characters):  
   Introductory Physical Chemistry 2
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.

No Change

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>
<tr>
<td>Lecture</td>
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</table>

Total Hours per Week: 2
Total Number of Weeks: 13

19. Projected Enrolment:


20. Revised Prerequisite(s) (Courses or Tests) (in full)
Specify course number(s) or name(s) of test(s):

Chem 223, Chem 253, and Phys 142, 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 223 and Chem 253

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

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>
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<tbody>
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<td>CIP Code</td>
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<td>CE Non-Grant Courses:</td>
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<td>Thesis Component:</td>
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<td>Flat Rate: Cdn Flat Rate:</td>
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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>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Bruce Lennox</td>
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<td>Signature</td>
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**Departmental Contact Person (name/phone/email):**

David Ronis / 398-5099 / david.ronis@mcgill.ca