### Course Revision Form

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:**
   - School of Computer Science

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:**
   - Martin Robillard

7. **Credit Weight**
   - (or CEU's for non-credit CE courses):
   - 4 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: Comp 529
   - 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.**
   - Software Analysis

   **Old Course Title (if applicable):**
   - Software Architecture

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.

14. **Rationale for revised course**
   - The new title reflects the content of the course more accurately.

   The course appears in the following programs:

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)

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The new title reflects the content of the course more accurately.

The course appears in the following programs:
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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<thead>
<tr>
<th>Hours per Week</th>
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Total Hours per Week:

Total Number per Week:

19. Projected Enrolment:
20

20. Revised Prerequisite(s) (Courses or Tests) (in full)
Specify course number(s) or name(s) of test(s):
No change

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
### 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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<tr>
<td>Name</td>
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<tr>
<td>Departmental Contact Person</td>
<td>Judy Kenigsberg  ext. 00895</td>
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