## 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:
- Mathematics & Statistics

### 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: 200509
- **Retirement**

### 6. Responsible Instructor:

### 7. Credit Weight (or CEU's for non-credit CE courses):
- **4**

Old Credit Weight or CEU's (if applicable)
- **4**

### 8. Course Number(s)
- Subject/course number: MATH 574
- 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.
- Dynamical Systems

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.

### 14. Rationale for revised course
- The changes give this course a more modern focus and reflect new expertise available within our department.

### 15. New Course Description
- (as it will appear in the Calendar [maximum 50 words]):

### 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>
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<tbody>
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Total Hours per Week: 3
Total Number of Weeks: 13

19. Projected Enrolment:
15

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

MATH 325 and MATH 354 or permission of the 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)

MATH 325, MATH 354

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

To be completed by the Faculty

To be completed by ARR

For Continuing Education Use

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<tr>
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<td>Signature</td>
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<tr>
<td>Date</td>
<td>February 01, 05</td>
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Departmental Contact Person (name/phone/email)

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