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:  
   Mathematics and Statistics

3. Administering  
   Faculty/Unit:  
   Science / Mathematics and Statistics

4. Campus  
   (Downtown, Macdonald,  
   Off Campus, Distance  
   Ed, Other – specify)  
   Downtown

5. Effective Term of Implementation  
   (Ex. Sept. 2004 = 200409)  
   Term:  
   200701
   □ Retirement

6. Responsible  
   Instructor:

7. Credit Weight  
   (or CEU's for non-credit CE courses):  
   3 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:  
   MATH 251
   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.  
   Honours Algebra 2
   Old Course Title (if applicable):

13. Course Title to Appear in the Calendar (Optional)  
   (Limit 59 characters):  
   Honours Algebra 2
   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 following changes in the course description are made to reflect current teaching  
   practices in this course.

15. New Course Description  
   (as it will appear in the Calendar [maximum 50 words]):  
   Linear equations over a field. Introduction to vector spaces. Linear maps and their matrix representation. Determinants. Canonical forms. Duality. Bilinear and  

16. Old Course Description  
   (may be found in the Calendar or Banner)  
   Diagonalization of self-adjoint operators.
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>
<tr>
<td>Lecture</td>
<td>3</td>
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</tbody>
</table>

Total Hours per Week: 3
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):

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):

No Change

Old Restriction(s):

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

<table>
<thead>
<tr>
<th>Description of Fee</th>
<th>Amount</th>
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</table>

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**

- Slot Course: Yes  No
- Thesis Component: Yes  No
- CE Admin. Unit:
- CE Non-Grant Courses:

**To be completed by ARR**

- CIP Code
- Flat Rate: CDN
- Flat Rate: N/A

**For Continuing Education Use**

- Yes  N/A

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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>
<tbody>
<tr>
<td>Name</td>
<td>S. W. Drury</td>
<td>D. Wolfson</td>
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Departmental Contact Person (name/phone/email)