**Course Revision Form – MATH 387**

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:**
   - 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: 200709
   - [ ] Retirement

6. **Responsible Instructor:**

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

8. **Course Number(s)**
   - Subject/course number:
     - MATH 387
   - 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.**
   - Honours Numerical Analysis
   - 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**
    - This brings the programming prerequisites for MATH 317 and 387 on par with those for MATH 327 and 397. All 4 courses include some component of scientific programming, and it makes sense to have similar-sounding prerequisites.
    - Also note the SCTP suggested change to MATH 487 (Honours MATH programming) SCTP minutes Jan 12, 2006, which is very similar to the current proposed change.

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)
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>A (Lecture)</td>
<td>3</td>
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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):
MATH 325 or MATH 315, COMP 202 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)
MATH 325 or MATH 315, COMP 202 or COMP 250.

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>
<tr>
<td>Slot Course:</td>
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<tr>
<td>Yes</td>
<td>No</td>
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<td>CIP Code</td>
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<td>Thesis Component:</td>
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<thead>
<tr>
<th>Name</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>S. W. Drury</td>
<td></td>
<td>D. Wolfson</td>
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| Signature                   |                      |                    |               |                            |         |      |

| Date                        |                      |                    |               |                            |         |      |

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<tr>
<th>Departmental Contact Person</th>
<th>(name/phone/email)</th>
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26. Approvals: