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 and Statistics

3. Administering  
   Faculty/Unit:  
   Graduate & Postdoc. Studies Office

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:  
   Professor Georg Schmidt

7. Credit Weight  
   (or CEU's for non-credit CE courses):  
   8
   Old Credit Weight or CEU's (if applicable)  
   6

8. Course Number(s)  
   Indicate course number & the number of terms spanned:  
   (tick all that apply)
   Subject/course number:  
   MATH 640
   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.  
   Project 1
   Old Course Title (if applicable)  

13. Course Title to Appear in the Calendar (Optional)  
   (Limit 59 characters):  
   Minor adjustment of credits as part of the revision of the M.A. and M.Sc. (non-thesis) requirements. This gives each of the project courses the same credit weight.

14. Rationale for revised course

15. New Course Description  
   (as it will appear in the Calendar [maximum 50 words]):  
   (N.B. Faculty of Medicine must append complete course outline)

16. Old Course Description  
   (may be found in the Calendar or Banner)

---

Rationale for Revised Course:

Minor adjustment of credits as part of the revision of the M.A. and M.Sc. (non-thesis) requirements. This gives each of the project courses the same credit weight.

New Course Description:

Project 1

Old Course Title (if applicable)

---
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): RESEARCH
(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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Research Course 8</td>
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<tr>
<td></td>
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<td>Total Hours per Week: 8</td>
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<tr>
<td></td>
<td></td>
<td>Total Number of Weeks: 16</td>
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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):

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**
- Slot Course: [ ] Yes [ ] No
- Thesis Component: [ ] Yes [ ] No

**To be completed by ARR**
- CIP Code

**For Continuing Education Use**
- CE Admin. Unit:
- CE Non-Grant Courses:
- Flat Rate: CdnFlat Rate: [ ] 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>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td>Dr. David Wolfson</td>
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</tr>
<tr>
<td>Signature</td>
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**Departmental Contact Person (name/phone/email)**