### Course Revision Form

**1.** Will this course revision affect a current program?  
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

**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)  
  - 9

**8.** Course Number(s)  
- Indicate course number & the number of terms spanned:  
- Subject/course number: MATH 641

**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 2

**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  
- 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.

**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)
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>
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<tbody>
<tr>
<td></td>
<td></td>
<td>RESEARCH COURSE 8</td>
</tr>
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<td></td>
<td></td>
<td>8</td>
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<td></td>
<td>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: Cdn Flat Rate: [ ] 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>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td>Dr. David Wolfson</td>
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<td>Signature</td>
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**Departmental Contact Person (name/phone/email)**

Dr. David Wolfson