## 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:  
   - Pharmacology and Therapeutics

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:  
   - Retirement

6. Responsible Instructor:  
   - Dr. Dusica Maysinger

7. Credit Weight  
   (or CEU's for non-credit CE courses):  
   - 3
   - 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: PHAR 504
   - 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.  
   - Drug Design and Development 2
   - 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  
   - Addition of “Or permission of instructor” to box 20 will allow us to admit transfer students and others who may have the equivalent of PHAR503/CHEM503.

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)  
   - Interdisciplinary course in drug design and development in which teams of 2-4 students select a lead chemical compound, design the analogues, propose the preclinical and clinical studies, present possible untoward effects, and reasons for drug (dis)approval.
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>Lectures</th>
<th>Tutorials/Small groups</th>
<th>Hours per Week</th>
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<tr>
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<td>Hours per Week</td>
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Total Hours per Week: 3
Total Number of Weeks: 13

19. Projected Enrolment:
40

20. Revised Prerequisite(s) (Courses or Tests) (in full)
Specify course number(s) or name(s) of test(s):
PHAR 503/CHEM 503 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):

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):
Not open to students who take CHEM 504
U3 and graduate students

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: Yes No</td>
<td>CIP Code</td>
<td>CE Admin. Unit:</td>
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<tr>
<td>Dr. Barbara Hales</td>
<td>Dr. Hans H. Zingg</td>
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<tr>
<td>Thesis Component: Yes No</td>
<td>Flat Rate: CdnFlat Rate: Yes N/A</td>
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<tr>
<td>Tina Tremblay/398-3623/ <a href="mailto:Christina.tremblay@mcgill.ca">Christina.tremblay@mcgill.ca</a></td>
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**26. Approvals:**

<table>
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<th>Departmental</th>
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<th>Other</th>
<th>Curric/Academic</th>
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| 26. Approvals:
Routing Sequence |
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<td>August 24, 2006</td>
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Departmental 
Contact Person 
(name/phone/email)