### Course Revision Form

**MCC-05-34**

*(07/2004)*

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1. **Will this course revision affect a current program?**
   - Yes [ ]
   - No [x]  
   **If “yes”, has a Program Revision Form been submitted concurrently?**
   - Yes [ ]
   - No [x]  

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: 200609  
   - [ ] Retirement

6. **Responsible Instructor:**
   - Dr. Guillermmina Almazan

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

8. **Course Number(s)**
   - Indicate course number & the number of terms spanned:
   - (tick all that apply)
   - Subject/course number: PHAR 562
   - 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.**
    - General Pharmacology I

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**
    - By making PHAR 301 the prerequisite, we propose to improve the integration and coherence of our 300 and 500 level courses to permit the 500 level students to be exposed in greater depth to new advances in the field.
    - Also, the prerequisites for this course have been simplified by removing prerequisites to prerequisites.

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.

18. Schedule Types(s):
(Enter all that apply – see course guidelines for a complete list.)

<table>
<thead>
<tr>
<th>Hours per Week</th>
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Total Hours per Week: 

Total Number of Weeks: 

19. Projected Enrolment:

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

- PHAR 301

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)

- PHGY 209 AND PHGY 210, BIOL 200 AND BIOL 201 OR BIOC 311 AND BIOC 312 OR EQUIVALENT.

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**

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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<tbody>
<tr>
<td>Name</td>
<td>Dr. Barbara Hales</td>
<td>Dr. Hans H. Zingg</td>
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<td>Departmental Contact Person (name/phone/email)</td>
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