### 1. Will this course revision affect a current program?  
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)

### 5. Effective Term of Implementation  
(Ex. Sept. 2004 = 200409)
- Term: 200701
- [ ] Retirement

### 6. Responsible Instructor:  
Dr. Ante Padjen

### 7. Credit Weight  
(or CEU's for non-credit CE courses):
- Subject/course number: PHAR 563
- [X] 1 term
- [X] 2 consecutive terms (D1, D2)
- [ ] 2 non-consecutive terms (N1, N2)
- [ ] 3 consecutive terms (J1, J2, J3)

### 8. Course Number(s)  
Indicate course number & the number of terms spanned:  
- (tick all that apply)

### 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 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

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)

Selected topics of basic interactions between chemicals and biological systems. Actions of drugs at the molecular and cellular levels. Drug metabolism, agents affecting cardiovascular and endocrine systems. Chemotherapy of infections and of cancer. Renal pharmacology, toxicology and principles of drug disposition.
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>
<th>Hours per Week</th>
<th>Hours per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
   Total Hours per Week:  
   Total Number per Week:

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)

   PHG 209 AND PHG 210, BIOL 200 AND BIOL 201 OR BIOL 300
   AND BIOL 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):

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
### 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>Dr. Barbara Hales</td>
<td>Dr. Hans H. Zingg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>March 27, 2006</td>
<td>March 27, 2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Departmental Contact Person**
(name/phone/email)