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:  
   Physiology

3. Administering Faculty/Unit:  
   Science

6. Responsible Instructor:  
   Ellis Cooper

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:  PHGY 311

   Course(s) Span:
   - 1 term
   - 2 consecutive terms (D1, D2)
   - 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.
   Channels, Synapses & Hormones

   Old Course Title (if applicable)
   Intermediate Physiology 1

13. Course Title to Appear in the Calendar (Optional)
   (Limit 59 characters):
   Channels, Synapses & Hormones

   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
   The rationale to revise the course title is to reflect better the content of the course.
   The rationale for the prerequisite change is because the topics in PHGY 209 and PHGY 210 have been modified. Therefore, the topics required for PHGY 311 are now taught in PHGY 209 only.

15. New Course Description
   (as it will appear in the Calendar [maximum 50 words]):
   No change

   (N.B. Faculty of Medicine must append complete course outline)

16. Old Course Description
   (may be found in the Calendar or Banner)
   In-depth presentation of experimental results and hypotheses on cellular communication in the nervous system and the endocrine system.
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>
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</table>

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):

PHGY 209 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)

PHGY 209 and PHGY 210 or equivalent, or permission of the instructor

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

<table>
<thead>
<tr>
<th>Slot Course:</th>
<th>Yes</th>
<th>No</th>
<th>To be completed by ARR</th>
<th>CIP Code</th>
<th>To be completed by ARR</th>
<th>CE Admin. Unit:</th>
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<tbody>
<tr>
<td>Thesis Component:</td>
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<td>CE Non-Grant Courses:</td>
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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>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>E. Cooper</td>
<td>John Orlowski</td>
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<td>Signature</td>
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<tr>
<td>Departmental Contact Person (name/phone/email)</td>
<td>Sonia Viselli x3689 <a href="mailto:sonia.viselli@mcgill.ca">sonia.viselli@mcgill.ca</a></td>
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