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

4. Campus  
   (Downtown, Macdonald, Off Campus, Distance Ed, Other – specify)  
   Downtown

5. Effective Term of Implementation  
   (Ex. Sept. 2004 = 200409)  
   Term: 200709  
   □ Retirement

6. Responsible Instructor:  
   Kathleen Cullen

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: PHGY 314
   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.  
   No change
   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.  
   Integrative Neuroscience

14. Rationale for revised 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 314 are now taught in PHGY 209 only.  
   The rationale for the restriction revision is because there is no longer any overlap in content with PHGY 314 and PSYC 308.

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):
(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):

PHGY 209  

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 210  

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):

None

Old Restriction(s):

Not open to students who have taken or are taking PSYC 308

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
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<thead>
<tr>
<th>Slot Course:</th>
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<td>Flat Rate:</td>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Kathleen Cullen</th>
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<tbody>
<tr>
<td>Signature</td>
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<tr>
<td>Date</td>
<td></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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