**McGill**

**MCC-04-46**

**Course Revision Form**

(09/2003)

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:  
   Physics

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: 200509

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

   Old Credit Weight or CEU’s (if applicable)

7. Course Number(s)  
   Indicate course number & the number of terms spanned:  
   (tick all that apply)  
   Subject/course number: PHYS 457

   Course(s) Span:
   □ 1 term  
   □ 2 consecutive terms (D1, D2)  
   □ 2 non-consecutive terms (N1, N2)  
   □ 3 terms (J1, J2, J3)

8. Number Change From:

9. Consolidation of Courses:

10. Split of Multi-Term Course:

11. Course Title (Limit 30 char.) - required for all courses.  
    Quantum Physics II

   Old Course Title (if applicable)

    Quantum Physics

12. 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 11.

13. Schedule Type(s):  
    (Enter all that apply – see form, STVSCHD in Banner for a complete list.)

<table>
<thead>
<tr>
<th>Hours per Week</th>
<th>Hours per Week</th>
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<tbody>
<tr>
<td>Lecture</td>
<td>3</td>
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   Total Hours per Week: 3

   Total Number of Weeks: 13

14. Projected Enrolment:
15. Revised Prerequisite(s) (Courses or Tests) (in full):
Specify course number(s) or name(s) of test(s):

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):

16. 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):

17. Additional Course Charges (must be approved by the Fee
Policy Committee)
Description of Fee
(e.g. screening fee) Amount

18. Requires Teaching, Physical, or Financial Resources
Not Currently Available (attach explanation)
☐ Yes ☐ No

19. Consultation Reports Attached
☐ Yes ☐ N/A

20. Other Information (specify):

21. Course Description
(as it will appear in the Calendar [maximum 50 words]):
(N.B. Faculty of Medicine must append complete course outline)

22. Supplementary information to appear in the Calendar in addition to the course description.
Such as: registration restriction(s), prerequisite(s), corequisite(s), equivalent course(s), contact hours,
enrolment limitations, language of instruction etc.
Please enter the information as it should appear in the calendar notes.
23. Rationale

Part of name for the course was dropped from the calendar giving it the same name, as PHYS 357.

INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR’S OFFICE

To be completed by the Faculty
Slot Course:  □ Yes  □ No

To be completed by ARR
CIP Code

For Continuing Education Use
CE Admin. Unit :
CE Non-Grant Courses:

Thesis Component: □ Yes  □ No

Flat Rate: CdnFlat Rate:  □ Yes  □ N/A

24. Approvals:

Routing Sequence
Name
Signature
Date

Departmental Contact Person
(name/phone/email)

Departmental Meeting
Departmental Chair
Other Faculty
Curric/Academic Committee
Faculty
SCTP