Course Revision Form

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: 200609
   □ Retirement

6. Responsible Instructor: S. Moore

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: PHYS 610
   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.
   Quantum Field Theory 1
   Old Course Title (if applicable)
   Advanced Quantum Mechanics

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.
   Quantum Field Theory 1

14. Rationale for revised course
   The new title more accurately describes the content of the course.

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.)

   Hours per Week
   3

   Total Hours per Week: 3

   Total Number of Weeks: 13

19. Projected Enrolment:

   10

20. 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)

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
### 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>Charles Gale</td>
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Departmental Contact Person (name/phone/email): J. Cline, 398-5848, jcline@physics.mcgill.ca