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: Psychology

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: C. Palmer

7. Credit Weight
   (or CEU’s for non-credit CE courses):
   3 credits
   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: PSYC 329
   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.
   Intro. To Auditory Cognition
   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.

14. Rationale for revised course
    Changed course description to better reflect the course content.

15. New Course Description
    (as it will appear in the Calendar [maximum 50 words]):
    (N.B. Faculty of Medicine must append complete course outline)
    Listeners' response to sound. Higher-level mental principles including perception, attention, memory, motor control, and emotion. Sensation and perceptual organization of sound. Perception/production of speech, music, and other auditory events.

16. Old Course Description
    (may be found in the Calendar or Banner)
    Listeners' response to sound. Higher-level mental principles including perception, attention, memory, motor control, and emotion. Sensation and perceptual organization of sound. Perception/production of speech and language, music, and other auditory events.
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>Type</th>
<th>Hours per Week</th>
<th>Hours per Week</th>
<th>Hours per Week</th>
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<tr>
<td>lecture</td>
<td>3</td>
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</table>

Total Hours per Week: 3
Total Number of Weeks: 13

19. Projected Enrolment:
50

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
### INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR'S OFFICE

To be completed by the Faculty | To be completed by ARR | For Continuing Education Use
--- | --- | ---
Slot Course: |  |  
CIP Code |  |  
CE Admin. Unit: |  |  
CE Non-Grant Courses: |  |  
Thesis Component: |  |  
Flat Rate: CdnFlat Rate: |  |  

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
<th>Departmental Contact Person (name/phone/email)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas Shultz</td>
<td>Keith Franklin</td>
<td>Nov. 2, 2005</td>
<td>Mary Gauthier, Psychology, 6121, <a href="mailto:mary.gauthier@mcgill.ca">mary.gauthier@mcgill.ca</a></td>
</tr>
</tbody>
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**INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR'S OFFICE**

To be completed by the Faculty

- Slot Course: [ ] Yes [ ] No
- CIP Code

To be completed by ARR

- CE Admin. Unit:
- CE Non-Grant Courses:

For Continuing Education Use

- Thesis Component: [ ] Yes [ ] No
- Flat Rate: CdnFlatRate: [ ] 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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