# 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:  
   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:  
   D. Titone

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 340

   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.  
   Psychology of Language

   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  
   Change in prerequisite so students will acquire the necessary knowledge to enable them to take 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)

   A survey of issues in psycholinguistics, focusing on the nature and processing of language (e.g., how we understand speech sounds, words, sentences, and discourse). Also surveyed: language and thought, the biological foundations of language, and first language acquisition.
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>Lecture</th>
<th>Hours per Week</th>
<th>Total Hours per Week</th>
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<td>3</td>
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Total Number of Weeks: 13

19. Projected Enrolment:
150

20. Revised Prerequisite(s) (Courses or Tests) (in full)
Specify course number(s) or name(s) of test(s):
PSYC 213 or PSYC 212

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)
none

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):
none

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**

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

**To be completed by ARR**

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

**For Continuing Education Use**

- Flat Rate: CdnFlat Rate: [ ] Yes [ ] N/A

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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>
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<tbody>
<tr>
<td>Name</td>
<td>Thomas Shultz</td>
<td>Keith Franklin</td>
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<td>Signature</td>
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<tr>
<td>Departmental Contact Person (name/phone/email)</td>
<td>Mary Gauthier, Psychology, 6121, <a href="mailto:mary.gauthier@mcgill.ca">mary.gauthier@mcgill.ca</a></td>
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