1. Will this course revision affect a current program?  
   If "yes", has a Program Revision Form been submitted concurrently?  
   □ Yes  □ No  □ 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: 200701  

6. Responsible Instructor:  
   K. Onishi/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 352  
   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.  
   Cognitive Psychology Lab  
   Old Course Title (if applicable)  
   Laboratory in Cognitive Psychology  

13. Course Title to Appear in the Calendar (Optional)  
   (Limit 59 characters):  
   Cognitive Psychology Laboratory  
   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 of course description and title to better reflect the content of the course. Change in pre-requisite to make sure that students have the required background.  

15. New Course Description  
   (as it will appear in the Calendar [maximum 50 words]):  
   N.B. Faculty of Medicine must append complete course outline)  
   Introduction to research methods and experimental techniques in cognitive psychology for exploring topics such as attention, memory, categorization, reasoning, and language processing.  

16. Old Course Description (may be found in the Calendar or Banner)  
   This course will introduce students to the experimental techniques that are used in Cognitive Psychology. Different cognitive methodologies will be taught: reaction time, techniques for investigating recognition and recall, analyzing verbal protocols, and comparing subject performance to that of computer models.
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.

Requires departmental approval. Students will be admitted on the basis of a written application on forms available from the department (Room N7/9). Applications must be submitted by August 15th.

18. Schedule Types(s):
(Enter all that apply – see course guidelines for a complete list.)

<table>
<thead>
<tr>
<th>lecture</th>
<th>laboratory</th>
<th>Total Hours per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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

19. Projected Enrolment:

|        | 40 |

20. Revised Prerequisite(s) (Courses or Tests) (in full)
Specify course number(s) or name(s) of test(s):
PSYC 213 and PSYC 305.

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)

PSYC 213

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

<table>
<thead>
<tr>
<th>To be completed by the Faculty</th>
<th>To be completed by ARR</th>
<th>For Continuing Education Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slot Course: Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIP Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thesis Component: Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To be completed by ARR:

- CIP Code:
- CE Admin. Unit:
- CE Non-Grant Courses:
- Flat Rate: CdnFlat Rate: Yes ☐ No ☐ N/A

For Continuing Education Use:

Thomas Shultz

Signature

Date: Nov. 2, 2005

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>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Thomas Shultz</td>
<td>Keith Franklin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature

Date: Nov. 2, 2005

Departmental Contact Person
(name/phone/email):

Mary Gauthier, Psychology, 6121, mary.gauthier@mcgill.ca