# 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:  
   - Retirement

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

   Old Credit Weight or CEU's (if applicable)  
   - 6 credit

7. Course Number(s)  
   Indicate course number & the number of terms spanned:  
   (tick all that apply)  
   
   Subject/course number:  
   - PSYC 380

   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.  
   - Honours Research Project Sem.

   Old Course Title (if applicable)  
   - Honours Research Project and Seminar

12. Course Title to Appear in the Calendar (Optional)  
   (Limit 59 characters):  
   - Honours Research Project and Seminar

   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>Seminar</th>
<th>Hours per Week</th>
<th>Research</th>
<th>Hours per Week</th>
<th>Hours per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>10.5</td>
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   Total Hours per Week:  
   - 13.5

   Total Number of Weeks:  
   - 26

14. Projected Enrolment:  
   - 30
First laboratory research project.

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  [ ] No  [ ] 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.

First laboratory research project.
23. Rationale

To bring the credit weighting into line with reality.

INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR’S OFFICE

To be completed by the Faculty
Slot Course: □ Yes □ No
CIP Code
CE Admin. Unit:
CE Non-Grant Courses:
Thesis Component: □ Yes □ No
Flat Rate: CdnFlat Rate: □ Yes □ N/A

For Continuing Education Use

24. Approvals:
Routing
Sequence
Departmental Meeting
Departmental Chair
Other Faculty
Curric/Academic Committee
Faculty
SCTP

Name
Thomas Shultz
Keith Franklin

Signature

Date

Departmental Contact Person
(name/phone/email)
Mary Gauthier, Psychology, 6121, mary.Gauthier@mcgill.ca