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)

5. Effective Term of Implementation
   (Ex. Sept. 2004 = 200409)
   Term: 200509
   ☐ Retirement

6. Credit Weight (or CEU's for non-credit CE courses):
   3 credit
   Old Credit Weight or CEU's (if applicable)

7. Course Number(s)
   Indicate course number & the number of terms spanned:
   (tick all that apply)
   Subject/course number: PSYC410
   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.
   Topics in Neuropsychology
   Old Course Title (if applicable)
   Special Topics in Neuropsychology

12. 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 11.

13. Schedule Type(s):
    (Enter all that apply – see form, STVSCHD in Banner for a complete list.)
    Hours per Week
    | Lecture | Hours per Week | Hours per Week
    |---------|---------------|---------------|
    | 3       |               |               |

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

14. Projected Enrolment:
    70
### 15. 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):

- [ ]
- [ ]

### 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
- [ ] 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)

- Developments in cognitive neuroscience and cognitive neuropsychiatry via readings from primary sources. Topics include the neural bases of memory, emotion, social cognition, and neuropsychiatric diseases. Integrating knowledge from studies in clinical populations and functional neuroimaging studies.

### 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.

- [ ]

This course will trace developments in human brain mapping and in cognitive neuroscience via readings from primary sources. Topics include the neural bases for perception, language, and memory, and their relationship to structural and functional brain organization. Emphasis is placed on integrating knowledge from behavioral lesion experiments and functional activation studies.
23. Rationale

The new course description is a better reflection of the course content.

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<tr>
<th>INFORMATION FOR ADMISSIONS, RECRUITMENT &amp; REGISTRAR'S OFFICE</th>
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</thead>
<tbody>
<tr>
<td><strong>To be completed by the Faculty</strong> To be completed by ARR For Continuing Education Use</td>
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<tr>
<td>Slot Course: □ Yes □ No</td>
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<tr>
<td>Thesis Component: □ Yes □ No</td>
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<tr>
<td>Flat Rate: CdnFlat Rate: □ Yes □ N/A</td>
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24. Approvals:

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<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>Thomas Shultz</td>
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Departmental Contact Person (name/phone/email)

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