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

2. Teaching Department:  Psychology  

3. Administering Faculty/Unit:  Science  

4. Campus  
   (Downtown, Macdonald, Off Campus, Distance Ed, Other – specify)  
   Downtown  
   [ ] Retirement  

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

6. Responsible Instructor:  K. Onishi  

7. Credit Weight  
   (or CEU’s for non-credit CE courses):  3  
   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 413  
   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 Development  
   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  
   The class was previously taught by a different instructor. My research interests and areas of expertise are slightly different, so I focus more on areas that are my strengths while covering the same basic material. Hence the increased focus on infants and language and the decrease in focus on computational models of cognition.  

15. New Course Description  
   (as it will appear in the Calendar [maximum 50 words]):  
   (N.B. Faculty of Medicine must append complete course outline)  
   In-depth exploration of cognitive development in infants and children including knowledge representation and processing, conceptual development, language development, and theories and principles of cognitive development.  

16. Old Course Description  
   (may be found in the Calendar or Banner)  
   Cognitive development in infants and children including knowledge representation and processing, memory, conceptual development, language development, and theories and principles of cognitive development.
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.

PSYC 304 or PSYC 213 or equivalent.

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>Hours per Week</th>
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</table>

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

19. Projected Enrolment:
100

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Slot Course:</td>
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<tr>
<td>CE Admin. Unit:</td>
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<td>CE Non-Grant Courses:</td>
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<td>Flat Rate: Cdn Flat Rate:</td>
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<tr>
<td>Thesis Component:</td>
<td>□ Yes □ No</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>
</tr>
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</table>

### 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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</thead>
<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>Date</td>
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**Name:** Thomas Shultz  
**Signature:**  
**Date:** April 12, 2005  
**Departmental Contact Person (name/phone/email):** Mary Gauthier, Psychology, 6121, mary.gauthier@mcgill.ca