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: 200509
   □ Retirement

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

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

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

   Subject/course number:  PSYC 494

   Course(s) Span:
   □ 1 term
   X 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.
   Psychology Research Project

   Old Course Title (if applicable)

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.)

<table>
<thead>
<tr>
<th>Hours per Week</th>
<th>Hours per Week</th>
<th>Hours per Week</th>
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<tbody>
<tr>
<td>Research Course</td>
<td>13.5</td>
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   Total Hours per Week: 13.5
   Total Number of Weeks: 26

14. Projected Enrolment:
   25
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)

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.

Supervised research project.
**23. Rationale**

To bring the credit weighting into line with reality.

**INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR’S OFFICE**

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<thead>
<tr>
<th>To be completed by the Faculty</th>
<th>To be completed by ARR</th>
<th>For Continuing Education Use</th>
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<td>CE Non-Grant Courses:</td>
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<td>Thesis Component:</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>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Thomas Shultz</td>
<td>Keith Franklin</td>
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<td></td>
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<tr>
<td>Signature</td>
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**Departmental Contact Person**

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