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

<table>
<thead>
<tr>
<th>Subject/course number:</th>
<th>6 credit</th>
</tr>
</thead>
</table>

Old Credit Weight or CEU’s (if applicable):

| 3 credit |

7. Course Number(s)

<table>
<thead>
<tr>
<th>Course(s) Span:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X 1 term</td>
</tr>
<tr>
<td>2 consecutive terms (D1, D2)</td>
</tr>
<tr>
<td>2 non-consecutive terms (N1, N2)</td>
</tr>
<tr>
<td>3 terms (J1, J2, J3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject/course number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSYC 496</td>
</tr>
</tbody>
</table>

8. Number Change From:

9. Consolidation of Courses:

10. Split of Multi-Term Course:

11. Course Title (Limit 30 char.) - required for all courses.

| Senior Honours Research 1 |

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>
</tr>
</thead>
<tbody>
<tr>
<td>Research Course</td>
</tr>
<tr>
<td>18</td>
</tr>
</tbody>
</table>

| Hours per Week |

<table>
<thead>
<tr>
<th>Total Hours per Week:</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Number of Weeks:</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
</tr>
</tbody>
</table>

14. Projected Enrolment:

| 25 |

C2-1
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.

Second 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

To be completed by ARR
CE Admin. Unit:

For Continuing Education Use
CE Non-Grant Courses:

Thesis Component: ☐ Yes ☐ No
Flat Rate: CdnFlat Rate: ☐ Yes ☐ N/A

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