## Course Revision Form

### 1. Will this course revision affect a current program?
- Yes [X]
- No 

If "yes", has a Program Revision Form been submitted concurrently?
- Yes [X]
- 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
- Term: 200509

### 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)
- Subject/course number: PSYC 498

Indicate course number & the number of terms spanned:
- (tick all that apply)
- 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.
- Senior Honours Research

**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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</thead>
<tbody>
<tr>
<td>Research Course</td>
<td>13.5</td>
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</tbody>
</table>

**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.

Second two-term laboratory research project.
23. Rationale

To bring the credit weighting into line with reality.

<table>
<thead>
<tr>
<th>INFORMATION FOR ADMISSIONS, RECRUITMENT &amp; REGISTRAR’S OFFICE</th>
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<tbody>
<tr>
<td>To be completed by the Faculty</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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</tbody>
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24. 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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<tbody>
<tr>
<td>Name</td>
<td>Thomas Shultz</td>
<td>Keith Franklin</td>
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<tr>
<td>Signature</td>
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Departmental Contact Person (name/phone/email)

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