1. Will this new course affect a current program?  
   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

6. Course Title (Limit 30 Characters) - required for all courses:  
   Reading Project

7. Course Number(s)  
   Indicate course number & the number of terms spanned:  
   (tick all that apply)  
   Subject/course number:  
   PSYC 499

8. 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 above.  
   Reading Project

9. Credit Weight  
   (or CEU's for non-credit CE courses):  
   1

10. Schedule Type(s):  
   (Enter all that apply – see form, STVSCHD in Banner for a complete list.)  
   (i.e. Lecture, Labs, Tutorial)  
   Hours per Week  
   Supervised reading & writing  3  
   Total Hours per Week:  3  
   Total Number of Weeks:  13

11. Projected Enrolment:  
   5
**12. Prerequisite(s) (Courses or Tests)**  
Specify course number(s) or name(s) of test(s):  

PSYC 211, 212, 213, 215, and 305. Open only to U3 students.

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

**13. Corequisite(s) Course Number(s):**  
Specify course number(s) and title(s):

If the student does not register for the corequisite in the same term should web registration be blocked?  
☐ Yes ☐ No

**14. Consultation Reports Attached**  
☐ Yes ☐ N/A

**15. Additional Course Charges (must be approved by the Fee Policy Committee)**  
Description of Fee (e.g. screening fee)  
Amount

**16. Requires Teaching, Physical, or Financial Resources**  
Not Currently Available (attach explanation)  
☐ Yes ☐ No

**17. Other Information (specify):**

**18. Course Description**  
(as it will appear in the Calendar [maximum 50 words]):  
(N.B. Faculty of Medicine must append complete course outline)

Under the guidance of an instructor with the relevant expertise, the student explores the literature on a special topic and produces a written review in scientific format. Project proposals must be approved by the Department.

**19. 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.

**20. Rationale**

To allow students to explore a relatively small area of academic interest under expert supervision.
<table>
<thead>
<tr>
<th>Slot Course:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Thesis Component:</td>
<td>Yes</td>
<td>No</td>
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<tr>
<th>CE Admin. Unit:</th>
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<tr>
<td>CE Non-Grant Courses:</td>
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| Flat Rate: CdnFlat Rate: | Yes | N/A |

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<th>21. Approvals:</th>
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<td>Date</td>
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<tr>
<td>Departmental Contact Person</td>
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<td>(name/phone/email)</td>
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| New Course Proposal Form C1-3 |

Thomas Shultz / 6139 / thomas.shultz@mcgill.ca