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):
   3 credit

   Old Credit Weight or CEU's (if applicable)

7. 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 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.
    Cognitive Development

    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.)
    Hours per Week
    Lecture: 3

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

14. Projected Enrolment:
    100
### 15. Revised Prerequisite(s) (Courses or Tests) (in full)
Specify course number(s) or name(s) of test(s):

<table>
<thead>
<tr>
<th>Course Number(s) or Test(s)</th>
<th>Amount</th>
</tr>
</thead>
</table>

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):

- [ ] Yes
- [ ] No

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):**

<table>
<thead>
<tr>
<th>Course Number(s) or Test(s)</th>
<th>Amount</th>
</tr>
</thead>
</table>

### 16. Revised Corequisite(s) Course Number(s) (in full):
Specify course number(s):

<table>
<thead>
<tr>
<th>Course Number(s)</th>
<th>Amount</th>
</tr>
</thead>
</table>

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):**

<table>
<thead>
<tr>
<th>Course Number(s)</th>
<th>Amount</th>
</tr>
</thead>
</table>

### 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):

<table>
<thead>
<tr>
<th>Information</th>
<th>Amount</th>
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### 21. Course Description
(as it will appear in the Calendar [maximum 50 words]):
(N.B. Faculty of Medicine must append complete course outline)

Cognitive development in infants and children including knowledge representation and processing, memory, conceptual development, language development, and theories and principles of cognitive development.

### 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.

Old Course Description:

23. Rationale

The new course description better reflects the course content.

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>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Thomas Shultz</td>
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<tr>
<td>Signature</td>
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<td>Date</td>
<td>October 20 2004</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>
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</tbody>
</table>

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 :
CE Non-Grant Courses:

For Continuing Education Use
Flat Rate: CdnFlat Rate: □ Yes □ N/A

Thesis Component: □ Yes □ No