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):
   6 credit

   Old Credit Weight or CEU’s (if applicable)
   3 credit

7. Course Number(s)
   Subject/course number: PSYC 497
   (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.
   Old Course Title (if applicable)
   Senior Honours Research 2

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
    Research Course 18
    
    Total Hours per Week: 18
    Total Number of Weeks: 13

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.

-  

Third 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

To be completed by ARR
Slot Course:       Yes     No
CIP Code

CE Admin. Unit:
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