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  
   (Ex. Sept. 2004 = 200409)  
   Term:  
   200509  

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 561  

   Course(s) Span:  
   [x] 1 term  
   [x] 2 consecutive terms (D1, D2)  
   [x] 2 non-consecutive terms (N1, N2)  
   [x] 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.  
   Methods: Dev Psycholinguistics  

   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  
   Seminar: 3  
   Hours per Week  
   Total Hours per Week: 3  
   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)

Approaches and methods used in investigations of the development of language and communication. A case study approach, observational-correlational approach versus experimental-manipulative approach, cross sectional design versus longitudinal design.

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:
An examination of various approaches and methods used in investigations of the development of language and communication. The following approaches are discussed along with the representative studies: A case study approach, observational-correlational approach versus experimental-manipulative approach, cross sectional design versus longitudinal design, ethnographic approach.
23. Rationale

The new course description is a better reflection of the course content.

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:

Thesis Component: □ Yes □ No

For Continuing Education Use

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

Signature

Date

October 20, 2004

Departmental Contact Person (name/phone/email)

Mary Gauthier, Psychology, 6121, mary.gauthier@mcgill.ca