1. Will this new course affect a current program?  
   If "yes", has a Program Revision Form been submitted concurrently?  
   [ ] Yes  [ ] No  
   [ ] Yes  [ ] No

2. Teaching Department:  
   [ ] BIOLOGY

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:  
   [ ] 200501

6. Course Title (Limit 30 Characters) - required for all courses:  
   [ ] Independent Studies 2

7. Course Number(s)  
   Indicate course number & the number of terms spanned:  
   (tick all that apply)  
   Subject/course number:  
   [ ] BIOL 469 D1/D2  
   Course(s) Span:  
   [ ] 1 term  
   [x] 2 consecutive terms (D1, D2)  
   [ ] 2 non-consecutive terms (N1, N2)  
   [ ] 3 terms (J1, J2, J3)

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.  
   [ ] INDEPENDENT STUDIES IN BIOLOGY 2

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

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  
    [ ] PROJECT 13.5  
    [ ]  
    [ ]  
    [ ]  
    [ ]  
    [ ]  
    [ ]  
    [ ]  
    [ ]  
    [ ]  
    [ ]  
    Total Hours per Week:  
    [ ]  
    Total Number of Weeks:  
    [ ] 13

11. Projected Enrolment:  
    [ ] 15
### 12. Prerequisite(s) (Courses or Tests)
Specify course number(s) or name(s) of test(s):

| BIO 206 OR BIO 301 OR OTHER SUITABLE 300 LEVEL |
| BIOLOGY COURSE. |

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):

<p>| |</p>
<table>
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</table>

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)

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<th>Description of Fee (e.g. screening fee)</th>
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</thead>
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### 16. Requires Teaching, Physical, or Financial Resources
Not Currently Available (attach explanation)  
☐ Yes  ☐ No

### 17. Other Information (specify):

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

Research project under the guidance of a staff member in the Biology 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.

(9) (13.5 hours per week research) (Restricted to Biology students) (Projects must be arranged privately with a professor in the Biology Department and a form from the undergraduate office (W4/8) must be completed)

### 20. Rationale

The Biology Department strongly supports undergraduate research in both Honours and non-Honours programs. Some undergraduates wish to take up to 9 credits of independent studies on a single project. At present they must do this by combining three 3-credit courses or one 3-credit and one 6-credit course. This does not reflect that it is a single project. Furthermore, if students wish to take 12 credits of independent studies, as permitted by the University, they cannot do so without repeating one of the courses, something which is not permitted by University regulation. The 9-credit course (BIOL 479) that is currently listed is restricted to students in the Honours Program.
### INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR’S OFFICE

To be completed by the Faculty

<table>
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To be completed by ARR

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For Continuing Education Use

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### 21. Approvals:

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<th>Departmental Chair</th>
<th>Other Faculty</th>
<th>Curric/Academic Committee</th>
<th>Faculty</th>
<th>SCTP</th>
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</table>

**Name**

| Name | P LASKO | P LASKO | | | | |

**Signature**

| Signature | | | | | | |

**Date**

| Date | | | | | | |

**Departmental Contact Person (name/phone/email)**

SUSAN GABE/7045/ SUSAN.GABE@MCGILL.CA