Course Revision Form

(07/2004)

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:	4. Campus (Downtown, Macdonald, Off Campus, Distance Ed, Other – specify)	5. Effective Term of Implementation (Ex. Sept. 2004 = 200409) Term: Retirement
3. Administering Faculty/Unit:		

6. Responsible
Instructor:
	8. Course Number(s)
	Indicate course number & the number of terms spanned:
	(tick all that apply)
	
	Subject/course number:
	
	Course(s) Span:
	  1 term
	  2 consecutive terms (D1, D2)
	  2 non-consecutive terms (N1, N2)
	  3 consecutive terms (J1, J2, J3)

7. Credit Weight (or CEU's for non-credit CE courses): Old Credit Weight or CEU's (if applicable)	

9. Number Change From:	10. Consolidation of Courses:	11. Split of Multi-Term Course:

12. Course Title (Limit 30 char.) - required for all courses. Old Course Title (if applicable)	13. 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 12.

14. Rationale for revised course

16. Old Course Description
(may be found in the Calendar or Banner)

17. Supplementary information to appear in the Calendar in addition to the course description.
Such as: equivalent course(s), contact hours, enrolment limitations, language of instruction etc.
Please enter the information as it should appear in the calendar notes.

19. Projected Enrolment:

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

If the student does not register for the corequisite

22. Revised Restriction(s):

Old Restriction(s):

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

25. Consultation Reports Attached
Yes   N/A

INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR'S OFFICE

To be completed by the Faculty
Slot Course: ☐ Yes ☐ No

To be completed by ARR
CIP Code

For Continuing Education Use

CE Admin. Unit :

CE Non-Grant Courses:

Thesis Component: ☐ Yes ☐ No

Flat Rate: CdnFlat Rate: ☐ Yes ☐ N/A

---

26. Approvals:

Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Academic Committee	Faculty	SCTP
Name						
Signature						
Date						
Departmental Contact Person (name/phone/email)						