

# Course Revision Form

(07/2004)

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

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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
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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:   
 Flat Rate: CdnFlat Rate:  Yes  N/A

Thesis Component:  Yes  No

**26. Approvals:**

Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Academic Committee	Faculty	SCTP
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Departmental Contact Person (name/phone/email)	<input type="text"/>					