



## Course Revision Form

(07/2004)

1. Will this course revision affect a current program?  
If "yes", has a

Yes No

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:

20. 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

21. 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):

MATH 222

22. Revised Restriction(s):

No changes

Old Restriction(s):

Not open to students taking or having taken PHYS 232

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

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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:

26. Approvals:

Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Academic Committee	Faculty	SCTP
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Name

Signature

Date

Departmental  
Contact Person  
(name/phone/email)

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