3. Administering Faculty/Unit:		4. Campus (Downtown, Macdonald, Off Campus, Distance Ed, Other – specify)	5. Effective Term of Implementation (Ex. Sept. 2004 = 200409) Term: Retirement	
6. Responsible Instructor:		<ol> <li>Course Number(s)         Indicate course number &amp; the number of terms spanned: (tick all that apply)     </li> </ol>		
7. Credit Weight (or CEU's for non-credit CE courses):		Subject/course number:		
Old Credit Weight or CEU's (if applicable)		Course(s) Span: 1 term 2 consecutive terms (D1, D2) 2 non-consecutive terms (N1, N2) 3 consecutive terms (J1, J2, J3)		
9. Number Change From:	10. Consolidation of Courses:		11. Split of Multi-Term Course:	
Title (Limit 30 char.) - required for all courses.		13. Course Title to Appear in the Calendar (Optional) (Limit 59 characters): Note: This can ONLY be an expansle (if aourse		
Old Course Title (if applicable)	I			

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:

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. Consul

INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR'S OFFICE								
To be completed b Slot Course:	by the Faculty Yes No	<i>To be completed by ARR</i> 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		
Name								
Signature								
Date								
Departmental Contact Person (name/phone/email)								