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

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 by the Faculty   *To be completed by ARR*   *For Continuing Education Use*

Slot Course: Yes   No   CIP Code

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)