

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

2. Teaching Department:

4. Campus (Downtown, Macdonald, Off Campus, Distance Ed, Other – specify)

6. Responsible Instructor:

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

n: 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:

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

15. New

(may be found in the Calendar or Banner)

An introduction to astrophysics with emphasis placed on methods of observation and current models

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. Consultatio

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 |
|------------------|----------------------|--------------------|---------------|---------------------------|---------|------|
|------------------|----------------------|--------------------|---------------|---------------------------|---------|------|

Name

Signature

Date

Departmental
Contact Person
(name/phone/email)
