1. Will this new course affect a current program? ☐ Yes ☒ No

If "yes", has a Program Revision Form been submitted concurrently? ☐ Yes ☐ No

2. Teaching Department:

Psychology

wn wn na Off Campus, Distance Ed, Other – specify)

Downtown

5. Effective Term of Implementation (Ex. Sept t , l

200509

3. Administering Faculty/Unit:

Science

Reading Project

(Limit 59 characters):
Note: This can ONLY be an expansion of word(s) abbreviated in the
s th(Li)Tj 7.98 0 0 7.98C0 5775(s)Tj 7.8m Tj 7.02 0 0 7.02 2479.0441 f 23 ( )Tj 12 Tj 7.02 0 0 7.02 2493..17475(s)Tj 7.8m Tj 7.02 0 0 7.02 2495.77132 (s)Tj 7.8m (j 7.02 0 0 7.02 24

Reading Project

9. Credit Weight
(or CEU's for non-credit CE courses):

1

7. Course Number(s)
Indicate course number & the number of terms spanned:
(tick all that apply)

Subject/course number: PSYC 499

Course(s) Span:
☒ **1 term**

☐ **2 consecutive terms (D1, D2)**

☐ **2 non-consecutive terms (N1, N2)**

☐ 3e8 0 0 7.98 365.60001 Tm447.06 Tm9.417.42174 465.60001 Tm(s ()T447.06 T

Hours per Week

Supervised reading & writing	3	

Total Hours per Week: 3

Total Number of Weeks: 13

11. Projected Enrolment:

5

12. Prerequisite(s) (Courses or Tests)
   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

13. Corequisite(s) Course Number(s):
   Specify course number(s) and title(s):

   If the student does not register for the corequisite
   in the same term should web registration be blocked?
         Yes   No

14. Consultation Reports Attached
         Yes   N/A

15.

   Descrip