



AC-05-95

(07/2004)

1. Will this new course affect a current program? If "yes", has a Program Revision Form been submitted concurrently?	Yes Yes	No No
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2. Teaching Department:

3. Administering Faculty/Unit:

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

5. Effective Term of Implementation  
(Ex. Sept. 2004 = 200409)  
  
Term:

7. Course Title (Limit 30 Characters) - required for all courses:

(Limit 59 characters):  
Note: This can ONLY be an expansion of word(s) abbreviated in the 30 character course title above.

6. Responsible Instructor  
  
(or CEU's for non-credit CE courses):

11. Rationale for new course

12. Course Description  
(as it will appear in the Calendar [maximum 50 words]):  
**(N.B. Faculty of Medicine must append complete course outline)**

13. 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.



**INFORMATION FOR ADMISSIONS, RECRUITMENT & REGISTRAR'S OFFICE**

*To be completed by the Faculty*

Slot Course:            Yes        No

Thesis Component:    Yes        No

*To be completed by ARR*

CIP Code

*For Continuing Education Use*

CE Admin. Unit :

CE Non-Grant Courses:

Flat Rate: CdnFlat Rate:        Yes        N/A

**23. Approvals:**

Routing  
Sequence

Departmental  
Meeting

Departmental  
Chair

Other  
Faculty

Curric/Academic  
Committee

Faculty

SCTP

Name

Signature

Date

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Departmental  
Contact Person  
(name/phone/email)

