

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:
 Earth and Planetary Sciences

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

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

3. Administering Faculty/Unit:
 Science

6. Responsible Instructor:
 Don R. Baker

8. Course Number(s)
 Indicate course number & the number of terms spanned:
 (tick all that apply)
 Subject/course number:
 Course(s) Span:
 1 term
 2 consecutive terms (D1, D2)
 2 non-consecutive terms (N1, N2)
 3 consecutive terms (J1, J2, J3)

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

 Old Credit Weight or CEU's (if applicable)

9. Number Change From:

10. Consolidation of Courses:

11. Split of Multi-Term Course:

12. Course Title to Appear in the Calendar
 (Limit 59 characters):
 Note: This can ONLY be an extension of the 30 character course title

13. Course Title to Appear in the Calendar
 (Limit 59 characters):
 Note: This can ONLY be an extension of the 30 character course title

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16. Old Course Description (may be found in Banner)

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.

(3 hours lectures) (Prerequisites: EPSC 220, MATH 222, or permission of instructor)

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
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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
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Name

Signature

Date

Departmental
Contact Person
(name/phone/email)
