

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)

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

3. Administering Faculty/Unit:

6. Responsible Instructor:

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

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

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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):

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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
Name						
Signature						
Date						
Departmental Contact Person (name/phone/email)						