McGill

New Course Proposal Form

(2013)

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:

3. Administering Faculty/Unit:

6. Responsible Instructor

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:

9. Course Title to Appear in the eCalendar (optional)
   (Limit 59 characters):
   Note: This can ONLY be an expansion of word(s) abbreviated in the 30 character course title above.

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

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)

11. Rationale for new course

12. Course Description
    (as it will appear in the eCalendar [maximum 100 words]):
    (N.B. Faculty of Medicine must append complete course outline)

13. Supplementary information to appear in the eCalendar 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.

14. Schedule Types(s):
   (Enter all that apply – see course guidelines for a complete list.)
   (i.e. Lecture, Labs, Tutorial)

Hours per Week	Hours per Week	Hours per Week
_____ [ ]	_____ [ ]	_____ [ ]
_____ [ ]	_____ [ ]	_____ [ ]

Total Hours per Week: [ ]

Total Number of Weeks: [ ]

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15. Projected Enrolment:

[   ]

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16. Required text and/or preliminary reading list sent to library?
   [ ] Yes [ ] No
The library has been consulted about the availability of necessary
resources?   Yes   No

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17. 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

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18. 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

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19. Restriction(s):

[   ]

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20. Consultation Reports Attached
   [ ] Yes   [ ] N/A

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22. Requires Teaching, Physical, or Financial Resources
   Not Currently Available (attach explanation)
   [ ]Yes [ ]No

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21. Additional Course Charges (must be approved by the Fee
   Policy Committee)

   Description of Fee
   (e.g. screening fee)   Amount

[   ]   [   ]

INFORMATION FOR ENROLMENT SERVICES

To be completed by the Faculty

Slot Course: ☐ Yes ☐ No

Thesis Component: ☐ Yes ☐ No

To be completed by ES

CIP Code

For Continuing Studies Use

CS Admin. Unit :

CS Non-Grant Courses:

Flat Rate: CdnFlat Rate: ☐ Yes ☐ N/A

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23. Approvals:

Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Academic Committee	Faculty	SCTP
Name						
Signature						
Date						

Departmental Contact Person (name/phone/email)