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

   Subject/course number:

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.

19. Projected Enrolment:

21. Revised Corequisite(s) Course Number(s) (in full):
    Specify course number(s):

    If the student does not register for the corequisite

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

25. Consultation Reports Attached
          Yes   N/A

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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:

Thesis Component: ☐ Yes ☐ No

Flat Rate: CdnFlat Rate: ☐ Yes ☐ N/A

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26. Approvals:

Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Academic Committee	Faculty	SCTP
Name						
Signature						
Date						
Departmental Contact Person (name/phone/email)						