



MCC-05-30 Course Revision Form

(07/2004)

1. Will this course revision 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:

4. Campus (Downtown, Macdonald, Off Campus, Distance Ed, Other – specify)
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5. Effective Term of Implementation (Ex. Sept. 2004 = 200409)
Term: Retirement

3. Administering Faculty/Unit:

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

17. Supplementary information to appear in the Calendar in addition to the course description.

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)						