
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
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25. Consultation Reports Attached
Yes N/A

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:
 Flat Rate: CdnFlat Rate: Yes N/A

Thesis Component: Yes No

26. Approvals:

Routing Sequence	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Academic Committee	Faculty	SCTP
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Departmental Contact Person (name/phone/email)	<input type="text"/>					