
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

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"/> | | | | | |