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)		

9. Number Change From:

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 b	e approved by the Fee Policy
Committee)	
Description of Fee	
Description of Fee (e.g. screening fee)	Amount
	Amount
(e.g. screening fee) 25. Consultation Reports Attached	Amount
(e.g. screening fee)	Amount

INFORMATION	FOR ADMISSIONS, RE	CRUITMENT & REGI	STRAR'S OFFICI					
			be completed by ARR		For Continuing Education Use			
		CIP Code		CE	CE Admin. Unit :			
				CE	Non-Grar	nt Courses:		7
Thesis Compone	ent: 🗌 Yes 🛛 No			 Fla	t Rate: Cd	nFlat Rate:	☐ Yes ☐ N/A	
26. Approvals:								
Routing	Departmental Meeting	Departmental Chair	Other Faculty	Curric/Ac Committe		Faculty	SCTP	
Sequence	Meeting		Faculty					
Name								
Signature								
Oignature][
D /								

Date			
Departmental Contact Person (name/phone/email)			