

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:

Psychology

4. Campus
(Downtown, Macdonald,
Off Campus, Distance
Ed, Other – specify)

Downtown

5. Effective Term of Implementation
(Ex. Sept. 2004 = 200409)

Term:

200509

Retirement

3. Administering Faculty/Unit:

Science

6. Responsible Instructor:

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

7. Credit Weight
(or CEU's for non-credit CE courses):

3

Old Credit Weight or CEU's (if applicable)

9. Number Change From:

10. Consolidation of Courses:

11. Split of Multi-Term Course:

12. Course Title (Limit 30 char.) - required for all courses.

Old Course Title (if applicable)

13. Course Title to Appear in the Calendar (Optional)
(Limit 59 characters):
Note: This can ONLY be an expansion of word(s) abbreviated in
the 30 character course title in Box 12.

14. Rationale for revised course

15. New Course Description
(as it will appear in the Calendar [maximum 50 words]):
(N.B. Faculty of Medicine must append complete course outline)

In-depth exploration of cognitive development in infants and children including knowledge representation and processing, conceptual development, language development, and theories and principles of cognitive development.

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)						