



# Course Approval Form

For approval of new courses and deletions or modifications to an existing course.

registrar.gmu.edu/facultystaff/curriculum

### Action Requested:

Create new course       Delete existing course

Modify existing course (check all that apply)

Title       Credits       Repeat Status       Grade Type

Prereq/coreq       Schedule Type       Restrictions

Other: \_\_\_\_\_

### Course Level:

Undergraduate

Graduate

College/School:  Department:

Submitted by: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Subject Code:  Number:  Effective Term:  Fall  Spring  Summer

(Do not list multiple codes or numbers. Each course proposal must have a separate form.) Year

Title: Current

Banner (30 characters max including spaces) \_\_\_\_\_

New

Credits:  Fixed   Variable

Repeat Status:  Not Repeatable (NR)  Repeatable within degree (RD)  Repeatable within term (RT) Maximum credits allowed:

Grade Mode:  Regular (A, B, C, etc.)  Satisfactory/No Credit  Special (A, B C, etc. +IP)

Schedule Type Code(s):  Lecture (LEC)  Lab (LAB)  Recitation (RCT)  Internship (INT)

Independent Study (IND)  Seminar (SEM)  Studio (STU)

Prerequisite(s): \_\_\_\_\_

Corequisite(s): \_\_\_\_\_

Instructional Mode:  100% face-to-face  Hybrid: ≤ 50% electronically delivered  100% electronically delivered

Special Instructions: (list restrictions for major, college, or degree; hard-coding; etc.)

Are there equivalent course(s)?  Yes  No

If yes, please list

### Catalog Copy for NEW Courses Only (Consult University Catalog for models)

Description (No more than 60 words, use verb phrases and present tense)	Notes (List additional information for the course)

Indicate number of contact hours: Hours of Lecture or Seminar per week:  Hours of Lab or Studio:

When Offered: (check all that apply)  Fall  Summer  Spring

## Approval Signatures

Department Approval \_\_\_\_\_ Date \_\_\_\_\_ College/School Approval \_\_\_\_\_ Date \_\_\_\_\_

If this course includes subject matter currently dealt with by any other units, the originating department must circulate this proposal for review by those units and obtain the necessary signatures prior to submission. Failure to do so will delay action on this proposal.

Unit Name	Unit Approval Name	Unit Approver's Signature	Date

### For Graduate Courses Only

Graduate Council Member \_\_\_\_\_ Provost Office \_\_\_\_\_ Graduate Council Approval Date \_\_\_\_\_