



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 or

(check one)

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

(check one) Maximum credits allowed:

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

(check one)

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

(check all that apply)

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) |
|---|--|
| <input type="text"/> | <input type="text"/> |

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

When Offered: (check all that apply) Fall Summer Spring Hours of Lab or Studio:

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 |
|----------------------|----------------------|---------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

For Graduate Courses Only

Graduate Council Member _____ Provost Office _____ Graduate Council Approval Date _____