GEORGE MASON UNIVERSITY

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
- [X] Modify existing course (check all that apply)
  - [ ] Title
  - [ ] Credits
  - [ ] Repeat Status
  - [ ] Grade Type
  - [x] Prereq/coreq
  - [ ] Schedule Type
  - [ ] Restrictions
  - [ ] Other:

Course Level:
- [x] Undergraduate
- [ ] Graduate

College/School: College of Science **Department:** Biology Undergraduate Program
Submitted by: Larry Rockwood **Ext:** 3.1031 **Email:** lrockwoo@gmu.edu

Subject Code: BIOL **Number:** 482 **Effective Term:** [x] Fall [ ] Spring [ ] Summer *Year* 2011
(Do not list multiple codes or numbers. Each course proposal must have a separate form.)

Title:
Current | Introduction to Molecular Genetics
Banner (30 characters max including spaces) |
New |

Credits: (check one)
- [ ] Fixed ____ or
- [ ] Variable ____ to ____

Repeat Status: (check one)
- [ ] Not Repeatable (NR)
- [ ] Repeatable within degree (RD)
- [ ] Repeatable within term (RT)

Maximum credits allowed: ____

Grade Mode: (check one)
- [ ] Regular (A, B, C, etc.)
- [ ] Satisfactory/No Credit
- [ ] Special (A, B C, etc. +IP)

Schedule Type Code(s): (check all that apply)
- [ ] Lecture (LEC)
- [ ] Lab (LAB)
- [ ] Recitation (RCT)
- [ ] Internship (INT)
- [ ] Independent Study (IND)
- [ ] Seminar (SEM)
- [ ] Studio (STU)

Prerequisite(s):
BIOL 213, 305 and 306 or permission of instructor

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

For Registrar Office's Use Only: Banner_____Catalog_____ *revised 2/2/10*