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   [x] 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

[x] Graduate

College/School: College of Science   **Department:** Computational and Data Sciences

Submitted by: D.A. Papaconstantopoulos   **Ext:** 3.3624   **Email:** dpapacon

Subject Code: CSI   **Number:** 730   **Effective Term:** [x] Fall   [ ] Spring   *Year* 2011   [ ] Summer

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

Title:

Current: Biolog Sequence Analysis

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):

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