



# 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

Year

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

**Title:** Current

Banner (30 characters max including spaces)

New

**Credits:** (check one)  Fixed       Variable           

**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)
<input type="text"/>	<input type="text"/>

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
<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 \_\_\_\_\_