

Course Approval Form

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

registrar.gmu.edu/facultystaff/curriculum

| Action Requested: | | <u>Co</u> urse Leve | | |
|---|--------------------------------------|--|------------------------------------|--|
| Create new course x Delete existing course | | | Undergraduate | |
| Modify existing course (check a | | x Graduate | | |
| Title Credit | | Grade Type | | |
| Prereq/coreq Sched | ule Type Restrictions | | | |
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| 0-11 | | Donorston and Donorston and Do | -1- 0-: | |
| College/School: College of Sc | | Department: Computational and Da | | |
| Submitted by: D.A. Papacor | istantopoulos | Ext : 3.3624 Email : d | papacon | |
| Subject Code: CSI No not list multiple codes or numbers. Ear have a separate form.) | | Effective Term: X Fall Spring Yea Summer | r 2011 | |
| Title: Current Sem Scientific | Databases | | | |
| Banner (30 characters max in | | | | |
| New | ionaum g opacios, | | | |
| | | | | |
| Credits: Fixed O Variable to | | Not Repeatable (NR) Repeatable within degree (RD) Repeatable within term (RT) Allower | num credits ed: | |
| Grade Mode: Regular (A, B, C | • | | dent Study (IND) | |
| (check one) Satisfactory/No | | Lab (LAB) Seminal | | |
| Special (A, B C | , etc. +IP) (check all that apply) | Recitation (RCT) Studio (| 510) | |
| | ۵۴۰,۶) | internally (iiv) | | |
| Prerequisite(s): | Corequisite(s): | Instru | ctional Mode: | |
| 1 10104410110(0). | | | 6 face-to-face | |
| | | | id: ≤ 50% electronically delivered | |
| | | | 6 electronically delivered | |
| Special Instructions: (list restriction) | ions for major, college, or degree;h | ard-coding; etc.) Are the Yes If yes, ple | re equivalent course(s)? | |
| | | | | |
| Catalog Copy for NEW C | ourses Only (Consult Univer | rsity Catalog for models) | | |
| Description (No more than 60 words | | | the course) | |
| Description (No more than 60 words | , use verb prinases and present ter | (List additional information for | ine course) | |
| | | | | |
| | | | | |
| | | | | |
| Indicate number of contact hours: | Hours of Lecture or Sem | inar per week Hours of La | b or Studio: | |
| When Offered: (check all that apply) | | Spring | is or oldars. | |
| 11 3/ | | 1 0 | | |
| Approval Signatures | | | | |
| Approval Signatures | | | | |
| | | | | |
| Department Approval | Date | College/School Approval | Date | |
| | | her units, the originating department must cir lure to do so will delay action on this proposal | | |
| Unit Name | Unit Approval Name | Unit Approver's Signature | Date | |
| | | | | |
| | | | | |
| For Graduate Courses | s Only | | | |
| | | | | |
| Graduato Council Mambar | Droyeet Office | One director | Council Approval Data | |
| Graduate Council Member | Provost Office | Graduate | Council Approval Date | |