

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

registrar.gmu.edu/facultystaff/curriculum

Action Requested:		Course Level:	
Create new course	Delete existing course		ite
X Modify existing course (check a		x Graduate	
Title Credit		Grade Type	
	lule Type Restrictions		
Other:			
	·		
College/School:College of ScSubmitted by:Jay Shapiro	ience	Department:Mathematical SciencesExt:3.1485Email:ishar	
Submitted by: Jay Shapiro		Ext: 3.1485 Email: jshap	biro@gmu.edu
Subject Code: MATH N (Do not list multiple codes or numbers. Ea have a separate form.)		Effective Term: X Fall Spring Year Summer	2011
Title: Current Complex Analy	/sis l		
Banner (30 characters max ir			
New			
Credits: Fixed o (check one) Variable to		Not Repeatable (NR) Repeatable within degree (RD) Maximum	aradita
(check one) Variable to	D (check one)	Repeatable within term (RT) allowed:	creats
Grade Mode: Regular (A, B, C			t Study (IND)
(check one) Satisfactory/No Special (A, B C	1 3 60 0000 00	Lab (LAB) Seminar (SI Recitation (RCT) Studio (STU	,
	apply)	Internship (INT)	()
Prerequisite(s):	Corequisite(s):		nal Mode:
MATH 316			ce-to-face
			50% electronically delivered
Special Instructions: (list restrictions for major, college, or degree; hard-coding; etc.) Are there equivalent course(s)?			
		If yes, please	e list
Catalog Copy for NEW C	-		
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 Sem	inar 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 mat	tor currently dealt with by any of	her units the originating department must circula	to this proposal for roview by
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
		<b>_</b>	
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For Graduate Courses	s Only		
Graduate Council Member Provost Office		Graduate Co	uncil Approval Date

For Registrar Office's Use Only: Banner\_

Graduate Council Approval Date