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
[ ] Inactivate 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
Submitted by: Larry Rockwood　　**Ext:** 3-1031　　**Email:** lrockwoo@gmu.edu

Subject Code: BIOL　　**Number:** 308
(Do not list multiple codes or numbers. Each course proposal must have a separate form.)

Effective Term:
[ ] Fall
[x] Spring　　*Year* 2013
[ ] Summer

Title:
Current _____
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: (check one)
LEC can include LAB or RCT
[ ] Lecture (LEC)
[ ] Lab (LAB)
[ ] Recitation (RCT)
[ ] Internship (INT)
[ ] Independent Study (IND)
[ ] Seminar (SEM)
[ ] Studio (STU)

Prerequisite(s):
BIOL 213 with a C or better or permission of instructor. BIOL 214 and 311 are recommended.

Corequisite(s):

Instructional Mode:
[ ] 100% face-to-face
[ ] Hybrid: ≤ 50% electronically delivered
[ ] 100% electronically delivered

Restrictions Enforced by System: Major, College, Degree, Program, etc. Include Code.
_____

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 11/8/11*