



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

☒ 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

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

Year

Title: Current

Banner (30 characters max including spaces)

New

Credits: ☒ Fixed ☐ Variable or

Repeat Status: ☒ Not Repeatable (NR) ☐ Repeatable within degree (RD) ☐ Repeatable within term (RT)

(check one)

Maximum credits allowed:

Grade Mode: ☒ Regular (A, B, C, etc.) ☐ Satisfactory/No Credit ☐ Special (A, B, C, etc. +IP)

Schedule Type: ☒ Lecture (LEC) ☐ Lab (LAB) ☐ Recitation (RCT) ☐ Internship (INT)

(check one)

LEC can include LAB or RCT

☐ Independent Study (IND) ☐ Seminar (SEM) ☐ Studio (STU)

Prerequisite(s):

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) |
|---|--|
| <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"/> |
| <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

For Registrar Office's Use Only: Banner _____ Catalog _____

revised 11/8/11

Summary and Justification for Renaming CDS 410:

CDS 410 is cross-listed with (and hence, identical to) the MATH 447: Numerical Analysis II.
