



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

(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: (check one) Fixed to Variable

Repeat Status: (check one) Not Repeatable (NR) Repeatable within degree (RD) Maximum credits allowed:

Repeatable within term (RT)

Grade Mode: (check one) Regular (A, B, C, etc.) Satisfactory/No Credit Independent Study (IND)

Special (A, B, C, etc. +IP) **Schedule Type Code(s):** (check all that apply) Lecture (LEC) Lab (LAB) Seminar (SEM)

Recitation (RCT) Studio (STU)

Internship (INT)

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)
Introduction to the profession of Medical Laboratory Science	

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

Larry L. Rockwood 10/16/2013

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 _____