



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 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 Code(s): (check all that apply) Lecture (LEC) Lab (LAB) Recitation (RCT) Internship (INT)

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

Prerequisite(s):

Corequisite(s):

Prerequisite completion of requirements for BS with major in medical technology except for 30 credits of professional study, and admission to school of medical technology approved by National Accrediting Agency for Clinical Laboratories.

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.)

Note: Not offered on campus

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) |
|--|--|
| Orientation to clinical lab; specimen collection and record keeping; management principles and problems; educational theories as they apply to the teaching of clinical laboratory procedures; and quality control principles. | |
| Indicate number of contact hours: _____ Hours of Lecture or Seminar per week: <input type="text" value="1-12"/> Hours of Lab or Studio: <input type="text"/> | |
| When Offered: (check all that apply) <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> 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 |
|-----------|--------------------|---------------------------|------|
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For Graduate Courses Only

Graduate Council Member Provost Office Graduate Council Approval Date