

Course Approval Form

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

registrar.gmu.edu/facultystaff/curriculum

Action Requested:		<u>Co</u> urs	e Level:
Create new course x	Delete existing course	X Ur	ndergraduate
Modify existing course (check a			aduate
Title Credit		Grade Type	
Prereq/coreq Sched	ule Type Restrictions		
		Department: Dielegellede	verse di cata Dira eva es
College/School: COS Submitted by: Larry Rockwo		Department: Biology Unde Ext: Em	rgraduate Program
	Number: 403	Effective Term: X Fall	all.
(Do not list multiple codes or numbers. Ea		Spring	Year 2014
have a separate form.)		Summer	7047 2011
Title: Current Clinical Micros	CODV		
Banner (30 characters max in			
New			
Credits: Fixed	Repeat Status:	X Not Repeatable (NR)	
(check one) x Variable 1 t	o 3 (check one)	Repeatable within degree (RD)	1 3 1
		Repeatable within term (RT)	allowed:
Grade Mode: X Regular (A, B,	C, etc.) Schedule	Lecture (LEC)	Independent Study (IND)
(check one) Satisfactory/No			Seminar (SEM)
Special (A, B (Recitation (RCT)	Studio (STU)
	apply)	x Internship (INT)	
Prerequisite(s):	Corequisite(s):		Instructional Mode:
Prerequisite completion of require			X 100% face-to-face
BS with major in medical technology			Hybrid: ≤ 50% electronically delivered
except for 30 credits of profession and admission to school of medic			
technology approved by National			100% electronically delivered
Accrediting Agency for Clinical			100% electronically delivered
Laboratories.			
Special Instructions: (list restricti	ons for major, college, or degree:	hard-coding; etc.)	Are there equivalent course(s)?
Note: Not offered on campus			Yes x No
		ŀ	f yes, please list
Catalog Copy for NEW Cours	ses Only (Consult University C	atalog for models)	
Description (No more than 60 words			ation for the course)
Methods for the routine examination			
fluids, especially the microscopic ider components. Includes a study of the			
compensation includes a study of the	tianey and theories of microscop	,	
La Barta combana faranta da la com			one of Lake an Obert'a
Indicate number of contact hours: When Offered: (check all that apply)	Hours of Lecture or Se	minar per week: 1-3 Ho	urs of Lab or Studio:
when Ohered. (check all that apply)	X I all Sullille	Spring	
1.01			
Approval Signatures			
Larry L. Rockwood	10/16/2013		
Department Approval	Date	College/School Approval	Date
If this course includes subject mat	ter currently dealt with by any	other units the originating department	must circulate this proposal for review by
		ailure to do so will delay action on this p	
Unit Name	Unit Approval Name	Unit Approver's Signature	Date
<u> </u>	<u> </u>		1
For Graduate Courses O	nly		
	-		
Overdonte On 1984		-	Descharts Coursell & LEC
Graduate Council Member	Provost Office	G	Graduate Council Approval Date
For Registrar Office's Use Only: Banner		Catalog	revised 2/2/10