

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 Modify existing course (check all that apply)		Course Level: X Undergraduate Graduate		
College/School: COS		Department:	Biology Undergraduate Program	
Submitted by: Larry Rockwo	ood	Ext:	Email:	
Subject Code: MTCH No not list multiple codes or numbers. Ea have a separate form.)	Number: 406 ch course proposal must	Effective Term:	X Fall Spring Year 2014 Summer	
Title: Clinical Chemis	stry			
Banner (30 characters max in	cluding spaces)			
New Credits: Fixed	Repeat Status:	X Not Repeatal	olo (ND)	
(check one) x Variable 1 to		Repeatable v	vithin degree (RD) Maximum credits allowed:	
Grade Mode: X Regular (A, B, Satisfactory/No Special (A, B C	Credit Type Code(s	Lecture (LI Lab (LAB) Recitation Internship	(RCT) Seminar (SEM) Studio (STU)	
Prerequisite(s):	Corequisite(s):		Instructional Mode:	
Prerequisite completion of require			X 100% face-to-face	
BS with major in medical technology			Hybrid: ≤ 50% electronically delivere	
except for 30 credits of profession and admission to school of medic				
technology approved by National			100% electronically delivered	
Accrediting Agency for Clinical				
Laboratories.				
Special Instructions: (list restrictions for major, college, or degree; hard-coding; etc.) Are there equivalent course(s)? Note: Not offered on campus Yes x No				
			If yes, please list	
	.			
Catalog Copy for NEW Cours				
Description (No more than 60 words Chemical reactions and procedures u			additional information for the course)	
urine, and cerebral spinal fluid. Includ chemical analyses.				
Indicate number of contact hours: When Offered: (check all that apply)	Hours of Lecture or Sen	ninar per week: 1-3	Hours of Lab or Studio:	
Approval Signatures				
Larry L. Rockwood	10/16/2013			
Department Approval	Date	College/School A	pproval Date	
If this course includes subject mate those units and obtain the necessary			ating department must circulate this proposal for review b ay action on this proposal.	
			ay action on this proposal.	
those units and obtain the necessary	signatures prior to submission. Fa	ilure to do so will dela	ay action on this proposal.	
those units and obtain the necessary	signatures prior to submission. Fa Unit Approval Name	ilure to do so will dela	ay action on this proposal.	
Unit Name	signatures prior to submission. Fa Unit Approval Name	ilure to do so will dela	ay action on this proposal.	