GEORGE MASON UNIVERSITY

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

[x] Modify existing course (check all that apply)

☐ Title [x] Credits ☐ Repeat Status ☐ Grade Type

☐ Prereq/coreq ☐ Schedule Type ☐ Restrictions

☐ Other: _____

Course Level:

[x] Undergraduate

☐ Graduate

College/School: COS **Department:** Biology Undergraduate Program

Submitted by: Larry Rockwood **Ext:** x31031 **Email:** lrockwoo7@gmu.edu

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Subject Code: BIOL **Number:** 440 **Effective Term:**

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

☐ Fall

[x] Spring *Year* 2013

☐ Summer

Title: Current Field Biology

Banner (30 characters max including spaces) _____

New _____

Credits: (check one)

☐ Fixed or _____

[x] Variable 0 to 4

Repeat Status: (check one)

☐ Not Repeatable (NR)

[x] Repeatable within degree (RD)

☐ Repeatable within term (RT)

Maximum credits allowed: 4

Grade Mode: (check one)

☐ Regular (A, B, C, etc.)

☐ Satisfactory/No Credit

☐ Special (A, B C, etc. +IP)

Schedule Type: (check one)

LEC can include LAB or RCT

[x] Lecture (LEC)

☐ Lab (LAB)

☐ Recitation (RCT)

☐ Internship (INT)

☐ 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 [x] 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)

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

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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

For Graduate Courses Only

_____ _____ _____

Graduate Council Member Provost Office Graduate Council Approval Date

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Course Proposal Submitted to the Curriculum Committee of the College of Science

1. COURSE NUMBER AND TITLE:

Course Prerequisites:

Catalog Description:

2. COURSE JUSTIFICATION:

Course Objectives:

Course Necessity:

Course Relationship to Existing Programs:

Course Relationship to Existing Courses:

3. APPROVAL HISTORY:

4. SCHEDULING AND PROPOSED INSTRUCTORS:

Semester of Initial Offering:

Proposed Instructors:

5. TENTATIVE SYLLABUS: