



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
 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 or
 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: (check one) Lecture (LEC) Lab (LAB) Recitation (RCT) Internship (INT)
LEC can include LAB or RCT 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 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

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