



# Course Approval Form

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

registrat.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:  Fixed  Variable

or

Repeat Status:  Not Repeatable (NR)  Repeatable within degree (RD)  Repeatable within term (RT)

Maximum credits allowed:

Grade Mode:  Regular (A, B, C, etc.)  Satisfactory/No Credit  Special (A, B, C, etc. +IP)

Schedule Type:  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  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

Johannes Schuefel      4.16.13

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 \_\_\_\_\_

For Registrar Office's Use Only: Banner \_\_\_\_\_ Catalog \_\_\_\_\_