



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 ⁰⁸ Spring Summer **Year**

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

Title: Current
 Banner (30 characters max including spaces)
 New

Credits: Fixed or Variable to
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: When Offered: (check all that apply) <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Spring	Hours of Lecture or Seminar per week: <input type="text"/> Hours of Lab or Studio: <input type="text"/>

Approval Signatures

W. White *w. white* *3-27-14*
 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 _____

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

1. COURSE NUMBER AND TITLE:

FRSC 610 Forensic Research Project

Course Prerequisites:

Admission to Forensic Science Program

Catalog Description:

Research project in a current area of forensic science performed under the direction of a faculty member or affiliated forensic science professional.

2. COURSE JUSTIFICATION:

Course Objectives:

To conduct an in-depth research project under the direction of a forensic expert/scientist working as a mentor.

Course Necessity:

Required to fulfill degree requirements.

Course Relationship to Existing Programs:

Currently being offered. Has always been part of the program.

Course Relationship to Existing Courses:

The only research course in the graduate program.

3. APPROVAL HISTORY:

4. SCHEDULING AND PROPOSED INSTRUCTORS:

Professor DiZinno

Semester of Initial Offering:

Offered each semester.

Proposed Instructors:

5. TENTATIVE SYLLABUS: