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
- [✓] 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: COS
Department: PSYC
Submitted by: Jane Flinn
Ext: 3 4109
Email: jflinn@gmu.edu

Subject Code: NEUR   **Number:** 410
(Do not list multiple codes or numbers. Each course proposal must have a separate form.)

Effective Term:
- [✓] Fall
- [ ] Spring
- [ ] Summer
Year 2014

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

Credits: (check one)
- [✓] Fixed _____ or
- [ ] Variable _____ to _____

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)
LEC can include LAB or RCT
- [✓] Lecture (LEC)
- [ ] Lab (LAB)
- [ ] Recitation (RCT)
- [ ] Internship (INT)
- [ ] Independent Study (IND)
- [ ] Seminar (SEM)
- [ ] Studio (STU)

Prerequisite(s): (New) *
ENGL 302 N or
ENGL 302 m

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 411

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

Jane M. F_____   **Date** 1/16/14
Department Approval   **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
COS			

For Graduate Courses Only

Graduate Council Member	Provost Office	Graduate Council Approval Date

* Current PSYC 375, 376