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 ☐ Credits ☐ Repeat Status ☐ Grade Type
☐ Prereq/coreq ☐ Schedule Type ☐ Restrictions
X Other: Equivalent to status

Course Level:
☐ Undergraduate
X Graduate

College/School: College of Science   **Department:** SPACS
Submitted by: Paul So   **Ext:** 3-4377   **Email:** paso@gmu.edu

Subject Code: ASTR   **Number:** 765   **Effective Term:** X Fall
(Do not list multiple codes or numbers. Each course proposal must have a separate form.)   ☐ Spring   *Year* 2015
☐ Summer

Title: Current   High-Energy Accretion Astrophysics
Banner (30 characters max including spaces)
New

Credits: (check one)   X Fixed 3   ☐ Variable to   **Repeat Status:** (check one)   X Not Repeatable (NR)
☐ Repeatable within degree (RD)   Maximum credits allowed:
☐ Repeatable within term (RT)

Grade Mode: (check one)   X 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)   ☐ Independent Study (IND)
☐ Lab (LAB)   ☐ Seminar (SEM)
☐ Recitation (RCT)   ☐ Studio (STU)
☐ Internship (INT)

Prerequisite(s):
PHYS 502 and 513, and ASTR 530; or permission of instructor

Corequisite(s):

Instructional Mode:
X 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

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

Justification:

Current existing "equivalent to" course (CSI 765) will be deleted beginning Fall 2015.