

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 X Inactivate Modify existing course (check all that appl Title Credits Prereq/coreq Schedule Type Other:	e existing course y) Repeat Status Restrictions	Course Level: Undergraduate X Graduate
College/School:ScienceSubmitted by:James Gentle		Department: SPACS Ext: 3-1994 Email: jgentle@gmu.edu
Subject Code: CSI Number: (Do not list multiple codes or numbers. Each course pr have a separate form.)		Effective Term: X Fall Spring Year 2015 Summer
Title: Current Topics in Space Scie	ences	
Banner (30 characters max including spaces)		
New	, ,	
Credits: Fixed or (check one) Variable to	Repeat Status: (check one)	Not Repeatable (NR) Repeatable within degree (RD) Maximum credits Repeatable within term (RT) allowed:
Grade Mode: Regular (A, B, C, etc.) (check one) Satisfactory/No Credit Special (A, B C, etc. +IP)	Schedule T (check one) LEC can include LAB or RCT	Lab (LAB) Seminar (SEM)
	Coroquisito(s).	Instructional Made
Prerequisite(s):	Corequisite(s):	Instructional Mode: 100% face-to-face Hybrid: ≤ 50% electronically delivered 100% electronically delivered
Restrictions Enforced by System: Major,	College, Degree, Pr	Are there equivalent course(s)? X Yes No If yes, please list ASTR 769. Do not inactivate equiv course.
Catalog Copy for NEW Courses Only	(Consult University Ca	atalog for models)
Description (No more than 60 words, use verb	phrases and present te	nse) 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 current those units and obtain the necessary signatures		ther units, the originating department must circulate this proposal for review by ilure to do so will delay action on this proposal.
Unit Name Unit Ap	proval 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_