



# Course Approval Form

For instructions see:  
<http://registrar.gmu.edu/facultystaff/catalog-revisions/course/>

### Action Requested:

Create new course     Inactivate existing course     Reinstate inactive 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 Year

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

Title: Current  Banner (30 characters max w/ spaces)  New

Fulfills Mason Core Req? (undergrad only)

Currently fulfills requirement

Submission in progress

Credits:  Fixed  Variable

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 \_\_\_\_\_

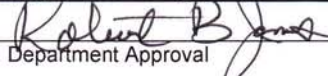
### Catalog Copy for NEW Courses Only (Consult University Catalog for models)

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

  \_\_\_\_\_

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 \_\_\_\_\_