# 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  ☒ Delete 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:** Science  **Department:** GGS

**Submitted by:** Tim Leslie  **Ext:** 3-4336  **Email:** tleslie@gmu.edu

**Subject Code:** GGS  **Number:** 503  **Effective Term:** ☒ Fall

(Do not list multiple codes or numbers. Each course proposal must have a separate form.)  ☐ Spring  *Year* 2015

☐ Summer

**Title:** Current  Problems in Environmental Management

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 Code(s):** (check all that apply)  ☐ 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

**Special Instructions:** (list restrictions for major, college, or degree; hard-coding; etc.)

**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

*For Registrar Office's Use Only:* Banner_____Catalog_____  *revised 2/2/10*