



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: Department:

Submitted by: Ext: Email:

Subject Code: Number: Effective Term: ☒ Fall ☐ Spring ☐ Summer

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

Year

Title: Current

Banner (30 characters max including spaces)

New

Credits: (check one) ☐ Fixed ☐ Variable

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) ☐ 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)
<input type="text"/>	<input type="text"/>

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 11/8/11

Justification

If we are able to increase the number of credits of Math 491 to 99 credits, there will be no need to also have Math 492 in the catalogue.