



Course Approval Form

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

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: College of Science Department: Biology

Submitted by: L. Rockwood Ext: 3.1031 Email: lrockwoo@gmu.edu

Subject Code: BIOL Number: 444 Effective Term: Fall Spring Year 2016

Summer

Title: Current Tropical Ecology Laboratory Fulfills Mason Core Req? (undergrad only)

Banner (30 characters max w/ spaces) _____

New _____

Currently fulfills requirement

Submission in progress

Credits: Fixed _____ or _____

(check one) Variable _____ to _____

Repeat Status: Not Repeatable (NR)

(check one) Repeatable within degree (RD) Maximum credits allowed:

Repeatable within term (RT)

Grade Mode: Regular (A, B, C, etc.)

(check one) Satisfactory/No Credit

Special (A, B, C, etc. +IP)

Schedule Type: Lecture (LEC)

(check one) Lab (LAB)

Recitation (RCT)

Internship (INT)

Independent Study (IND)

Seminar (SEM)

Studio (STU)

Prerequisite(s): BIOL 308 or BIOL 310, or permission of instructor 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)

BIOL 308 or BIOL 310

Equivalencies: (check only as applicable)

YES, course is 100% equivalent to: _____

YES, course is being renumbered to/will replace the following: _____

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

Dep: _____ College/School Approval: _____ Date: _____

If th _____ any other units, the originating department must circulate this proposal for review by _____ on. Failure to do so will delay action on this proposal.

thos _____

Unit	Unit Approver's Signature	Date

For Graduate Courses Only

Graduate Council Member _____ Provost Office _____ Graduate Council Approval Date _____

Course Proposal Submitted to the College of Science Curriculum Committee (COSCC)

The form above is processed by the Office of the University Registrar. This second page is for the COSCC's reference. Please complete the applicable portions of this page to clearly communicate what the form above is requesting.

FOR ALL COURSES (required)

Course Number and Title: BIOL 444, Tropical Ecology Laboratory

Date of Departmental Approval: 10.28.2015

FOR INACTIVATED/REINSTATED COURSES (required if inactivating/reinstating a course)

- Reason for Inactivating/Reinstating:

FOR MODIFIED COURSES (required if modifying a course)

- Summary of the Modification:
 - Adding one prerequisite (BIOL 310) and having it hard coded.
- Text before Modification (title, repeat status, catalog description, etc.):
 - BIOL 308 or permission of instructor
- Text after Modification (title, repeat status, catalog description, etc.):
 - BIOL 308 or BIOL 310 or permission of instructor
- Reason for the Modification:
 - To better ensure that students are prepared to undertake the course.

FOR NEW COURSES (required if creating a new course)

- Reason for the New Course:
 - Relationship to Existing Programs:
 - Relationship to Existing Courses:
 - Semester of Initial Offering:
 - Proposed Instructors:
 - Insert Tentative Syllabus Below
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