**Course Approval Form**

**Action Requested:**
- [ ] Create new course  [X] Inactivate existing course
- Modify existing course (check all that apply)
  - Title
  - Prereq/coreq
  - Other:
  - Credits
  - Schedule Type
  - Repeat Status
  - Grade Type

**Course Level:**
- [ ] Undergraduate  [X] Graduate

**College/School:**
College of Science

**Submitted by:**
Larry Rockwood

**Department:**
Biology

**Ext:**
3-1031

**Email:**
lrockwoo@gmu.edu

**Subject Code:**
BIOL

**Number:**
520

**Effective Term:**
- [ ] Fall
- [X] Spring
- Year: 2016
- Summer

**Title:**
Current: Systematics in Complex Angiosperm Families
New

**Credits:**
- [ ] Fixed
- [ ] Variable

**Repeat Status:**
- [ ] Not Repeatable (NR)
- [ ] Repeatable within degree (RD)
- [ ] Repeatable within term (RT)

**Grade Mode:**
- [ ] Regular (A, B, C, etc.)
- [ ] Satisfactory/No Credit
- Special (A, B, C, etc. +IP)

**Schedule Type:**
- Lecture (LEC)
- Recitation (RCT)
- Internship (INT)
- Lab (LAB)
- Seminar (SEM)
- Studio (STU)
- Independent Study (IND)
- Lab or RCT
- LEC can include
- Hybrid: ≤ 50% electronically delivered
- 100% electronically delivered

**Restrictions Enforced by System:**
Major, College, Degree, Program, etc. (include code)

**Equivalencies:**
- [ ] 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:**
- [ ] Fall
- [ ] Summer
- [ ] Spring

**For Graduate Courses Only**

**Graduate Council Member**

**Provost Office**

**Graduate Council Approval Date**

**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 Registrar Office’s Use Only:**

Banner ________________________

Catalog ________________________

revised 6/22/15
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 520: Systematics in Complex Angiosperm Families

Date of Departmental Approval:

FOR INACTIVATED/REINSTATED COURSES (required if inactivating/reinstating a course)
- Reason for Inactivating/Reinstating:
  Course hasn’t been taught in the last twenty years.

FOR MODIFIED COURSES (required if modifying a course)
- Summary of the Modification:
- Text before Modification (title, repeat status, catalog description, etc.):
- Text after Modification (title, repeat status, catalog description, etc.):
- Reason for the Modification:

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