



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: 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: (check one) Fixed Variable or 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: (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)

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

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 _____

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 554- Plant Physiology

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 five 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
-