



Course Approval Form

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

Action Requested:

Create new course
 Inactivate existing course
 Reinstate inactive course
 Undergraduate
 Modify existing course (check all that apply)
 Title Credits Repeat Status Grade Type Graduate
 Prereq/coreq Schedule Type Restrictions
 Other: _____

Course Level:

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 **Fulfills Mason Core Req?** (undergrad only)
 Banner (30 characters max w/ spaces) Currently fulfills requirement
 New Submission in progress

Credits: (check one) Fixed or 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)
LEC can include LAB or RCT 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)

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: ASTR 210: Introduction to Astrophysics

Date of Departmental Approval:

FOR MODIFIED COURSES (required if modifying a course)

- Summary of the Modification: Replace corequisite of PHYS 262 with prerequisite of PHYS 160
- Text before Modification (title, repeat status, catalog description, etc.): Corequisite: PHYS 262
- Text after Modification (title, repeat status, catalog description, etc.): Prerequisite: PHYS 160
- Reason for the Modification: More accurately states the necessary requisite.