Course Approval Form

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: COS **Department:** Chemistry and Biochemistry

Submitted by: HATTON **Ext:** **Email:**

Subject Code: CHEM **Number:** 732 **Effective Term:**

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

☐ Fall
☐ Spring *Year* 20
☐ Summer

Title:

Current: Quantum Chemistry

Banner (30 characters max w/ spaces):

New:

Fulfills Mason Core Req? (undergrad only)

☐ Currently fulfills requirement
☐ Submission in progress

Credits: (check one)

☐ Fixed _____ or _____
☐ Variable _____ 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) LEC can include LAB or RCT

☐ 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: CSI 713

☐ 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

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:

Date of Departmental Approval:

FOR INACTIVATED/REINSTATED COURSES (required if inactivating/reinstating a course)
- Reason for Inactivating/Reinstating:
  In response to the action on "zombie courses," the Department and Chair voted to inactivate this course on May 6,2016.

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