**Course Approval Form**

**Action Requested:**
- Create new course
- Inactivate existing course
- Modify existing course (check all that apply)

**College/School:**
- COS

**Department:**
- Chemistry and Biochemistry

**Submitted by:**
- HATTON

**Subject Code:**
- CHEM

**Number:**
- 732

**Effective Term:**
- Fall
- Spring
- Year 20
- Summer

**Title:**
- Current: Quantum Chemistry
- New:

**Credits:**
- Fixed
- or
- Variable
- to

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

**Repeat Status:**
- Not Repeatable (NR)
- Repeatable within degree (RD)
- Repeatable within term (RT)
- Maximum credits allowed:

**Schedule Type:**
- Lecture (LEC)
- Lab (LAB)
- Recitation (RCT)
- Internship (INT)
- Independent Study (IND)
- Seminar (SEM)
- Studio (STU)

**Prerequisite(s):**

**Corequisite(s):**

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

**Instructional Mode:**
- 100% face-to-face
- Hybrid: ≤ 50% electronically delivered
- 100% electronically delivered

**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:**

**When Offered:** (check all that apply)
- Fall
- Summer
- Spring

**Hours of Lecture or Seminar per week:**

**Hours of Lab or Studio:**

**Approval Signatures**

**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