

Course Approval Form

For instructions see:

http://registrar.gmu.edu/facultystaff/catalog-revisions/course/

Action Requested:		Course Lev	
Create new course	Inactivate existing course	X Underg	raduate
Modify existing course (check a Title Credits Prereq/coreq Schedu Other:	· · · · · —	Grade Type Gradua	te
Oallana/Oalaala Oalla		Parasitiva anti-	
College/School: College of Sci Submitted by: L. Rockwood	ence	Department: Biology Ext: 3-1031	voo@gmu.edu
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Subject Code: MLAB N (Do not list multiple codes or numbers. Each have a separate form.)		Fall Spring Year X Summer	2016
Title: Current Clinical Microbiology Fulfills Mason Core Req? (undergrad only)			
Banner (30 characters max w/ spaces) Currently fulfills requirement			
New		Submission in progress	
Credits: Fixed or Variable to	(check one)	Not Repeatable (NR) Repeatable within degree (RD) Repeatable within term (RT) Maximum allowed:	credits 99
Grade Mode: Regular (A, B, C Satisfactory/No Special (A, B C,	Credit (check one) etc. +IP) LEC can include	Lab (LAB) Seminal	
	LAB or RCT	Internship (INT)	,
Prerequisite(s):	Corequisite(s):	Instructio	nal Mode:
			ce-to-face
			50% electronically delivered ectronically delivered
Restrictions Enforced by System: Major, College, Degree, Program, etc. (include code) Equivalencies: (check only as applicable)			
Restrictions Emerced by Cyste	III. Major, Conege, Degree, 1 1		s 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 Sem	inar per week: Hours of Lab or	Studio
When Offered: (check all that apply)	Fall Summer	Spring Per Week Trours of Lab of	Studio.
Approval Signatures			
Department Approval	Date	College/School Approval	Date
		her units, the originating department must circula lure to do so will delay action on this proposal.	te this proposal for review by
Unit Name	Unit Approval Name	Unit Approver's Signature	Date
For Graduate Courses Only			
Graduate Council Member	Provost Office	Graduate Co	uncil 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:

MLAB 401 - Orientation to the Problems and Practices of the Clinical Laboratory

MLAB 402 - Clinical Hematology and Coagulation

MLAB 403 - Clinical Microscopy

MLAB 404 - Serology and Immunohematology

MLAB 405 - Clinical Microbiology

MLAB 406 - Clinical Chemistry

Date of Departmental Approval: June 27, 2016

FOR INACTIVATED/REINSTATED COURSES (required if inactivating/reinstating a course)

• Reason for Inactivating/Reinstating:

FOR MODIFIED COURSES (required if modifying a course)

Summary of the Modification:

The Department of Biology requests that the maximum credits allowed be modified to 99 to allow more flexibility when it comes to off-campus hospital work.

- Text before Modification (title, repeat status, catalog description, etc.):
 8 maximum credits allowed.
- Text after Modification (title, repeat status, catalog description, etc.):
 99 maximum credits allowed.
- Reason for the Modification:
 To reduce the number of exceptions needed on a case by case basis.

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