



Course Approval Form

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

Action Requested: (definitions available at website above)

Create NEW Inactivate
 Modify (check all that apply below)

Course Level:

Undergraduate Graduate

Title (must be 75% similar to original) Repeat Status
 Credits Schedule Type Prereq/coreq Restrictions Grade Mode Other: _____

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 → to Lec + Lab/Rct → or
Repeat Status: (check one) Not Repeatable (NR) Repeatable within degree (RD) → Repeatable within term (RT) → Max credits allowed: (required for RT/RD status only)

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)
LEC can include LAB or RCT if linked sections will be offered

Prerequisite(s) (NOTE: hard-coding requires separate Prereq Checking form, see above website): _____ Corequisite(s): _____

Restrictions Enforced by System: Major, College, Degree, Program, etc. Include Code(s). _____
Equivalencies (check only as applicable):
 YES, course is 100% equivalent to _____
 YES, course renumbered to or replaces _____

Catalog Copy (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) <input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Spring	Hours of Lecture or Seminar per week: _____ Hours of Lab or Studio: _____

Approval Signatures

_____ Date
College/School Approval _____ Date
If by any other units, the originating department must circulate this proposal for review by _____
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

Undergraduate or Graduate Council Approval

UGC or GC Council Member Provost's Office UGC or GC 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:
PSCI 702 Research Methods

Date of Departmental Approval:

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

- Reason for Inactivating/Reinstating:
In preparation for the new curriculum software (CourseLeaf), this course, which hasn't been taught in recent history and isn't expected to be needed again, is being inactivated. Additionally, there is no record of this course being required for a degree program in the current catalog.

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
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