GEORGE MASON UNIVERSITY

Course Approval Form

Action Requested: (definitions available at website above)

- [ ] Create NEW
- [ ] Inactivate
- [X] Modify (check all that apply below)

Course Level:
- [X] Undergraduate
- [ ] Graduate

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

College/School: College of Science
Department: Biology

Submitted by: Deborah Polayes
Ext: 3-4543
Email: dpolayes@gmu.edu

Subject Code: BIOL
Number: 482
(Do not list multiple codes or numbers. Each course proposal must have a separate form.)

Effective Term:
- [ ] Fall
- [X] Spring
- [ ] Summer

Year 2017

Title:
Current | Introduction to Molecular Genetics
Banner (30 characters max w/ spaces) |
New |

Fulfills Mason Core Req? (undergrad only)
- [ ] Currently fulfills requirement
- [ ] Submission in progress

Credits: (check one)
- [X] Fixed → 3
- [ ] Variable → ____ to ____
- [ ] Lec + Lab/Rct → 0 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)
LEC can include LAB or RCT if linked sections will be offered
- [ ] Lecture (LEC)
- [ ] Lab (LAB)
- [ ] Recitation (RCT)
- [ ] Internship (INT)
- [ ] Independent Study (IND)
- [ ] Seminar (SEM)
- [ ] Studio (STU)

Prerequisite(s) (NOTE: hard-coding requires separate Prereq Checking form; see above website):
BIOL213 , BIOL311 or permission of instructor

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: Hours of Lecture or Seminar per week: 3 | Hours of Lab or Studio: ____
When Offered: (check all that apply) [X] Fall [ ] Summer [ ] Spring

A_____ 16

D_____ | College/School Approval _____ Date

If _____ by any other units, the originating department must circulate this proposal for review by those _____ 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 _____