

# **Program Approval Form**

For approval of new programs and deletions or modifications to an existing program.

Inactivate Exis  Modify Existin  Title (SCH  Concentra  X Degree Re	SCHEV approva sting g (check all that EV approval req ation (Choose o equirements Standards/ App	uired except for minors)	Modify	<del></del>	ck one):  X B.S. Minor M.Ed.  aduate Certificate* e Certificate*
College/School:	Department of Biology		Department:		
Submitted by:	Anne Verhoeven		Ext: 3-1572	Email:	averhoev@gmu.edu
Effective Term:					rtificate or concentration, the in the University Catalog.
Justification: (attac As new diagnostic to In order to recognize	ests are being d	ument if necessary) iscovered and used, there is an i e are adding MLAB 407 (clinical)	increased amount of r molecular biology) to	molecular biology that is our program of study.	s being taught in the class.
		Existing		New/Modified	
Program Title: (Required) Title must identify subject matter. Do not include name of college/school/dept. Concentration(s):		Medical Laboratory Science			
Admissions Standards / Application Requirements: (Required only if different from those listed in the University Catalog)					10.00
Degree Requirements: Consult University Catalog for models, attach separate document if necessary using track changes for modifications		BIOL 213, 214, 305/306, 430, 431, 452/453 MLAB 200, <b>300</b> , <b>401-406</b> , CHEM 211, 212, 313, 315, CHEM 314, 318 or BIOL 483, MATH (111, 113, or 114) CDS 130 or IT103		BIOL 213, 214, 305/306, 430, 431, 452/453 MLAB 200, 300, CHEM 211, 212, 313, 315, CHEM 314, 318 or BIOL 483, MATH (111, 113, or 114) CDS 130 or IT103 30 additional credits of MLAB will be earned at the affiliated hospitals or clinics from the following list: MLAB 401, 402,403,404, 405, 406 and 407.	
Courses offered via distance: (if applicable)					
TOTAL CREDITS REQUIRED:		120		120	
*For Certificates C	Only: Indicate	whether students are able to	pursue on a	Full-time basis	Part-time basis
Approval Sig	natures				
		/School	Date	Provost's Off Interdisciplinary	ice Date Council Use Only
	impaci ancine	er de poration wi	th another unit at M	ason, the originating de	epartment must circulate this
Unit Name		nd obtain the necessary signatures prior to submission nit Approval Name Unit Approver's S			elay action on this proposal.  Date
For Graduate	Programs	Only	1		
Graduate Council Me	ember	Provost Office		Grad	duate Council Approval Date
For Registrar Office's U	Use Only: Receive	edBanner	Ca	ntalog	revised 6/7/12

## Program 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 PROGRAMS (required)

Program Title: Medical Laboratory Science

Date of Departmental Approval: November 18, 2016

#### FOR INACTIVATED PROGRAMS (required if inactivating a program)

Reason for Inactivation:

#### FOR MODIFIED PROGRAMS (required if modifying a program)

- Summary of the Modification:
  - We are adding one new course, MLAB 407, to the list of possible courses taken at our affiliated hospitals and clinics.
- Text before Modification (title, degree requirements, etc.):
- Text after Modification (title, degree requirements, etc.):
- Reason for the Modification: As stated above, as new diagnostic tests are being discovered and used, there is
  an increased amount of molecular biology that is being taught in the class. In order to recognize this change
  we are adding MLAB 407 (clinical molecular biology) to our program of study.

### FOR NEW PROGRAMS (required if creating a new program)

- •
- Relationship to Existing Programs:

NA

Relationship to Existing Courses:

NA

Semester of Initial Offering:

Fall 2017

Insert Tentative SCHEV Proposal Below

