

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
☐ Credits

☐ Repeat Status
☐ Schedule Type

☒ Prereq/coreq
☐ Restrictions

☐ Grade Mode
☐ Other: _____

College/School: College of Science

Submitted by: Deborah Polayes

Department: Biology

Ext: 4543

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Subject Code: BIOL

Number: 409

Effective Term:

- ☒ Fall
☐ Spring
☐ Summer

Year 2017

(Do not list multiple codes or numbers. Each course proposal must have a separate form.)

Title: Current Medical Mycology

Banner (30 characters max w/ spaces)

New

Fulfills Mason Core Req? (undergrad only)

- ☐ Currently fulfills requirement
☐ Submission in progress

Credits: (check one)
☐ Fixed →
☐ Variable →
☐ Lec + Lab/Rct →

☐ to
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)
☐ Activity (ACT)

- ☐ Research (RSC)
☐ Student Teaching (STC)
☐ Thesis (THS-798/799)
☐ Dissertation (DIS-998/999)

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

BIOL 213 or BIOL U213 with a grade of C or better.

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: <input type="text"/> Hours of Lab or Studio: <input type="text"/>

Approval Signatures

College/School Approval		Date
by any other units, the originating department must circulate this proposal for review by session. Failure to do so will delay action on this proposal.		
Unit Approver's Signature	Date	

UGC or GC Council Member

Provost's Office

UGC or GC Approval Date

Form revised 11/10/2018

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: BIOL 409 Medical Mycology

Date of Departmental Approval: March 2017

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:
Changing pre-reqs to include acceptable transfer courses.
- Text before Modification (title, repeat status, catalog description, etc.):
BIOL 213 with a grade of C or better.
- Text after Modification (title, repeat status, catalog description, etc.):
BIOL 213 or BIOL U213 with a grade of C or better.
- Reason for the Modification:

The modification is in an effort to make sure that transfer students with the appropriate background can easily enter into the course without needing a waiver

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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