

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:

Science

Department:

Biology

Submitted by:

Deborah Polayes

Ext:

3-4543

Email:

dpolayes@gmu.edu

Subject Code:

BIOL

Number:

404

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 Microbiology

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 305; or permission of instructor.

Corequisite(s):

Restrictions Enforced by System: Major, College, Degree, Program, etc. Include Code(s).

Grade of 'C' or better is required for each prerequisite.

Prerequisite(s) enforced by registration system.

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: _____ Hours of Lab or Studio: _____
 When Offered: (check all that apply) ☐ Fall ☐ Summer ☐ Spring

Approval Signatures

[Redacted Signature]

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College/School Approval

Date

by any other units, the originating department must circulate this proposal for review by _____
 mission. Failure to do so will delay action on this proposal.

Unit Approver's Signature	Date

Undergraduate or Graduate Council Approval

UGC or GC Council Member

Provost's Office

UGC or GC Approval Date

Form revised 11/10/2016

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: BIOL404, Medical Microbiology

Date of Departmental Approval:

1/18/17

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:
Removing requirement for BIOL306
- Text before Modification (title, repeat status, catalog description, etc.):
BIOL 305, 306; or permission of instructor. Grade of 'C' or better is required for each prerequisite.
- Prerequisite(s) enforced by registration system. Text after Modification (title, repeat status, catalog description, etc.):
BIOL305; Grade of 'C' or better is required for each prerequisite.
- Prerequisite(s) enforced by registration system.
- Reason for the Modification:
This is a lecture course. There is no reason to require a lab course. Students can succeed without a lab requirement

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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- ☐ Title ☐ Credits ☐ Repeat Status ☐ Schedule Type ☒ Prereq/coreq ☐ Restrictions ☐ Grade Mode ☐ Other: _____

College/School: Science **Department:** Biology
Submitted by: Deborah Polayes **Ext:** 3-4543 **Email:** dpolayes@gmu.edu

Subject Code: BIOL **Number:** 404 **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 Microbiology **Fulfills Mason Core Req?** (undergrad only)
Banner (30 characters max w/ spaces) _____
New _____
☐ Currently fulfills requirement
☐ Submission in progress

- Credits:** (check one) ☐ Fixed → ☐ Variable → ☐ Lec + Lab/Rct → **Repeat Status:** (check one) ☐ Not Repeatable (NR) ☐ Repeatable within degree (RD) → ☐ Repeatable within term (RT) → **Max credits allowed:** (required for RT/RD status only) _____
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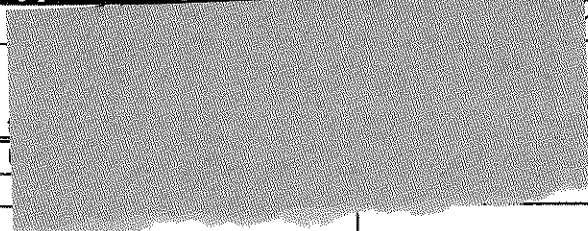
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Indicate number of contact hours: When Offered: (check all that apply) <input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Spring	Hours of Lecture or Seminar per week: _____ Hours of Lab or Studio: _____

Approval Signatures

 1/17 _____
College/School Approval _____ Date _____
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