



Course Approval Form

For approval of new courses and deletions or modifications to an existing course.

registrar.gmu.edu/facultystaff/curriculum

Action Requested:

Create new course Delete existing course

Modify existing course (check all that apply)

Title Credits Repeat Status Grade Type

Prereq/coreq Schedule Type Restrictions

Other: Catalog Description

Course Level:

Undergraduate

Graduate

College/School: COS Department: Biology Undergraduate Program

Submitted by: _____ Ext: _____ Email: _____

Subject Code: BIOL Number: 301 Effective Term: Fall Spring Summer

(Do not list multiple codes or numbers. Each course proposal must have a separate form.) Year: 2011

Title: Current Biology and Society

Banner (30 characters max including spaces) _____

New _____

Credits: Fixed 3 Variable _____ to _____

(check one)

Repeat Status: Not Repeatable (NR) Repeatable within degree (RD) Repeatable within term (RT)

(check one) Maximum credits allowed: _____

Grade Mode: Regular (A, B, C, etc.) Satisfactory/No Credit Special (A, B, C, etc. +IP)

(check one)

Schedule Type Code(s): Lecture (LEC) Lab (LAB) Recitation (RCT) Internship (INT)

(check all that apply)

Independent Study (IND) Seminar (SEM) Studio (STU)

Prerequisite(s): _____

Corequisite(s): _____

Instructional Mode:

100% face-to-face

Hybrid: ≤ 50% electronically delivered

100% electronically delivered

Special Instructions: (list restrictions for major, college, or degree; hard-coding; etc.)

Are there equivalent course(s)?

Yes No

If yes, please list _____

Catalog Copy for NEW Courses Only (Consult University Catalog for models)

Description (No more than 60 words, use verb phrases and present tense)	Notes (List additional information for the course)
Biological problems facing society including emerging diseases, biodefense, ethics, and global warming. Satisfies General Education Synthesis requirement.	Not available for Biology major or minor elective credit. See Schedule of classes for current topics; may be repeated if topic is different.
Indicate number of contact hours:	Hours of Lecture or Seminar per week: <u>3</u> Hours of Lab or Studio: _____
When Offered: (check all that apply)	<input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Spring

Approval Signatures

Department Approval _____ Date _____ College/School Approval _____ Date _____

If this course includes subject matter currently dealt with by any other units, the originating department must circulate this proposal for review by those units and 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

For Graduate Courses Only

Graduate Council Member _____ Provost Office _____ Graduate Council Approval Date _____