



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: _____

Course Level:

Undergraduate

Graduate

College/School: Department:

Submitted by: Ext: Email:

Subject Code: Number: Effective Term: Fall Spring Summer

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

Year:

Title: Current Banner (30 characters max including spaces)

New

Credits: (check one) Fixed Variable or to

Repeat Status: (check one) Not Repeatable (NR) Repeatable within degree (RD) Repeatable within term (RT) Maximum credits allowed:

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

Schedule Type Code(s): (check all that apply) Lecture (LEC) Lab (LAB) Recitation (RCT) Internship (INT)

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)
<input type="text"/>	<input type="text"/>

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

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For Graduate Courses Only

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

Course Change Proposal Submitted to the Curriculum Committee of the College of Science

1. COURSE NUMBER AND TITLE:

GGS 540 – Medical Geography to GGS 540 – Health Geography

2. COURSE DESCRIPTION:

Spatial approaches to study of health and disease. Topics include disease ecology and diffusion, and geographic perspectives on improving health care delivery.

2. CHANGE JUSTIFICATION:

The intersection between geography and medicine has changed dramatically over time. The discipline has expanded such that it no longer covers just disease but a wide variety of aspects of public health. As such, renaming the course to accommodate that growth is appropriate and sensible. Thankfully, the course description in place already accommodates this name change without trouble.