



# 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       Inactivate 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: COS      Department: PSYC

Submitted by: Jane Finn      Ext: 34107      Email: j.finn@gmu.edu

Subject Code: NEUR      Number: 411      Effective Term:  Fall      Year 2014

Spring       Summer

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

Title: Current Current Topics in Neuroscience Seminar in Neuroscience <sup>(18)</sup>

Banner (30 characters max including spaces) \_\_\_\_\_

New \_\_\_\_\_

Credits:  Fixed \_\_\_\_\_ or \_\_\_\_\_

Variable \_\_\_\_\_ to \_\_\_\_\_

Repeat Status:  Not Repeatable (NR)

Repeatable within degree (RD)      Maximum credits allowed: \_\_\_\_\_

Repeatable within term (RT)

Grade Mode:  Regular (A, B, C, etc.)

Satisfactory/No Credit

Special (A, B, C, etc. +IP)

Schedule Type:  Lecture (LEC)

Lab (LAB)

Recitation (RCT)

Internship (INT)

Independent Study (IND)

Seminar (SEM)

Studio (STU)

Prerequisite(s): (New) \*

ENGL 302 N or ENGL 302 M

Corequisite(s): \_\_\_\_\_

Instructional Mode:

100% face-to-face

Hybrid: ≤ 50% electronically delivered

100% electronically delivered

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

\_\_\_\_\_

Are there equivalent course(s)?  Yes       No

If yes, please list 410

### 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)
Indicate number of contact hours: When Offered: (check all that apply)	Hours of Lecture or Seminar per week: _____ Hours of Lab or Studio: _____
<input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Spring	

### Approval Signatures

Jane M. Finn      4/16/14

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
<u>COS</u>			

### For Graduate Courses Only

Graduate Council Member \_\_\_\_\_      Provost Office \_\_\_\_\_      Graduate Council Approval Date \_\_\_\_\_

\* current Psych 375, 376