



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: College of Science **Department:** School of Physics, Astronomy, and Computational Science

Submitted by: James Gentle **Ext:** 3-1994 **Email:** jgentle@gmu.edu

Subject Code: CSI **Number:** 773 **Effective Term:** Fall Spring Summer

(Do not list multiple codes or numbers. Each course proposal must have a separate form.) Year: 2015

Title: Current: Statistical Graphics and Data Exploration I

Banner (30 characters max including spaces): _____

New: _____

Credits: (check one) Fixed _____ or _____ Variable _____ 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: (check one) Lecture (LEC) Lab (LAB) Recitation (RCT) Internship (INT)

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

Prerequisite(s): A 300-level statistics course and a programming course, or permission of instructor

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: STAT 663

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: _____ 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

For Graduate Courses Only

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