



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: Equivalent to status

Course Level:

Undergraduate

Graduate

College/School: College of Science Department: SPACS

Submitted by: Paul So Ext: 3-4377 Email: paso@gmu.edu

Subject Code: PHYS Number: 575 Effective Term: Fall Spring Summer

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

Title: Current Atmospheric Physics I

Banner (30 characters max including spaces) _____

New _____

Credits: (check one) Fixed 3 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): PHYS 305, 262, and 260 or equivalent

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 PHYS 475

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 _____

Justification:

Current existing "equivalent to" course (CSI 655) will be deleted beginning Fall 2015.