Program Approval Form

For approval of new programs and deletions or modifications to an existing program.

Action Requested:

		Type (Check one)**:**				
[ ]	Create New (SCHEV approval required except for minors)	[ ] B.A.	[X] B.S.	[ ] Minor
[X]	Inactivate Existing	[ ] M.A.	[X] M.S.	[ ] M.Ed.
[ ]	Modify Existing (check all that apply)	[ ] Ph.D.
	[ ] Title (SCHEV approval required except for minors)	[ ] Undergraduate Certificate*
	[ ] **Concentration** (Choose one): [ ] *Add* [ ] *Delete* [ ] *Modify*	[ ] Graduate Certificate*
	[ ] Degree Requirements	[ ] Other:
	[ ] Admission Standards/ Application Requirements
	[ ] Other Changes: _____

College/School: College of Science **Department:** College of Science
Submitted by: Donna Fox **Ext:** 3.8797 **Email:** dfox1@gmu.edu

Effective Term: Fall 2015 **Please note:** For students to be admitted to a new degree, minor, certificate or concentration, the program must be fully approved, entered into Banner, and published in the University Catalog.

Justification: (attach separate document if necessary)

Removing MS-BMED from the catalog because admissions into the program are temporarily suspended.

	Existing	New/Modified
Program Title: (Required) Title must identify subject matter. Do not include name of college/school/dept.	Biomedical Sciences, MS	
Concentration(s):		
Admissions Standards / Application Requirements: (Required only if different from those listed in the University Catalog)		
Degree Requirements: Consult University Catalog for models, attach separate document if necessary using track changes for modifications		
Courses offered via distance: (if applicable)		
TOTAL CREDITS REQUIRED:		

*****For Certificates Only:** Indicate whether students are able to pursue on a [ ] **Full-time basis** [ ] **Part-time basis**

Approval Signatures

_____ _____ _____
Department Date College/School Date Provost's Office Date
Required for Minors and Interdisciplinary Programs

If this program may impact another unit or is in collaboration with another unit at Mason, 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 Programs Only

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

Program Proposal Submitted to the College of Science Curriculum Committee (COSCC)

The form above is processed by the Office of the University Registrar. This second page is for the COSCC's reference. Please complete the applicable portions of this page to clearly communicate what the form above is requesting.

FOR ALL PROGRAMS (required)

Program Title: Biomedical Sciences, MS

Date of Departmental Approval: February 26, 2015

FOR INACTIVATED PROGRAMS (required if inactivating a program)

- Reason for Inactivation: Partnering institution is going to change- in the meantime, we can't admit students into the program so it must be temporarily removed from the upcoming catalog.

FOR MODIFIED PROGRAMS (required if modifying a program)

- Summary of the Modification:

- Text before Modification (title, degree requirements, etc.):

- Text after Modification (title, degree requirements, etc.):

- Reason for the Modification:

FOR NEW PROGRAMS (required if creating a new program)

- Reason for the New Program:

- Relationship to Existing Programs:

- Relationship to Existing Courses:

- Semester of Initial Offering:

- Insert Tentative SCHEV Proposal Below