

Course Approval Form

For instructions see:
<http://registrar.gmu.edu/facultystaff/catalog-revisions/course/>

Action Requested:

- ☐ Create new course ☐ Inactivate existing course ☐ Reinstate inactive 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: AOES

Submitted by: Rick Diecchio Ext: 3-1208 Email: rdiecchi@gmu.edu

Subject Code: GEOL Number: 404

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

Effective Term: ☒ Fall ☐ Spring ☐ Summer

Year 2015

Title: Current Geological Field Techniques

Banner (30 characters max w/ spaces) _____

New _____

Fulfills Mason Core Req? (undergrad only)

- ☐ Currently fulfills requirement
- ☐ Submission in progress

Credits: (check one) ☐ Fixed _____ or _____

☒ Variable 1 to 6

Repeat Status: (check one) ☐ Not Repeatable (NR)

☐ Repeatable within degree (RD) Maximum credits allowed: _____

☐ Repeatable within term (RT)

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)

LEC can include LAB or RCT

☐ Independent Study (IND)

☐ Seminar (SEM)

☐ Studio (STU)

Prerequisite(s):

Corequisite(s):

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Instructional Mode:

- ☐ 100% face-to-face
- ☐ Hybrid: ≤ 50% electronically delivered
- ☐ 100% electronically delivered

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

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

Approval Signatures

[Signature] 2/5/15 Date

Department Approval 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

For Registrar Office's Use Only: Banner _____ Catalog _____

Course 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 COURSES (required)

Course Number and Title:

Date of Departmental Approval:

FOR INACTIVATED/REINSTATED COURSES (required if inactivating/reinstating a course)

- Reason for Inactivating/Reinstating:

FOR MODIFIED COURSES (required if modifying a course)

- Summary of the Modification: Changing variable credits from 1-8 to 1-6.
- Text before Modification (title, repeat status, catalog description, etc.): Variable credits from 1-8
- Text after Modification (title, repeat status, catalog description, etc.): Variable credits from 1-6
- Reason for the Modification: Having the catalog match the reality of what's offered.

FOR NEW COURSES (required if creating a new course)

- Reason for the New Course:
- Relationship to Existing Programs:
- Relationship to Existing Courses:
- Semester of Initial Offering:
- Proposed Instructors:
- Insert Tentative Syllabus Below