**Action Requested:**
- [ ] Create new course
- [ ] Inactivate existing course
- [ ] Reinstate inactive course
- [X] Modify existing course (check all that apply)
  - [ ] Title
  - [X] Credits
  - [ ] Repeat Status
  - [ ] Grade Type
  - [ ] Prereq/coreq
  - [ ] Schedule Type
  - [ ] Restrictions
  - [ ] Other:

**Course Level:**
- [ ] Undergraduate
- [X] Graduate

**College/School:** College of Science
**Submitted by:** Diane St. Germain

**Department:** School of Systems Biology
**Ext:** 3-4263  **Email:** dstgerma@gmu.edu

**Subject Code:** BINF    **Number:** 739
(Do not list multiple codes or numbers. Each course proposal must have a separate form.)

**Effective Term:** [X] Fall  [ ] Spring  [ ] Summer    **Year** 2016

**Title:**
Current:
Banner (30 characters max w/ spaces):
New:

**Fulfills Mason Core Req?** (undergrad only)
- [ ] Currently fulfills requirement
- [ ] Submission in progress

**Credits:** (check one)
- [ ] Fixed ___ or
- [X] Variable 1 to 3

**Repeat Status:** (check one)
- [ ] Not Repeatable (NR)
- [ ] Repeatable within degree (RD)
- [X] Repeatable within term (RT)

Maximum credits allowed: 6

**Grade Mode:** (check one)
- [X] Regular (A, B, C, etc.)
- [ ] Satisfactory/No Credit
- [ ] Special (A, B C, etc. +IP)

**Schedule Type:** (check one)
LEC can include LAB or RCT
- [X] Lecture (LEC)
- [ ] Lab (LAB)
- [ ] Recitation (RCT)
- [ ] Internship (INT)
- [ ] Independent Study (IND)
- [ ] Seminar (SEM)
- [ ] Studio (STU)

**Prerequisite(s):**

**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  [X] 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) |
|---|---|
| | |

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

_____ 16

C_____    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 _____

# Course Modification Submitted to the College of Science Curriculum Committee (COSCC)

Course Number and Title: BINF 739 Topics in Bioinformatics

Date of Departmental Approval: 2-18-2016

Reason for modification: To allow visiting professors to offer a specialized topics course that meets for a partial term and allows students flexibility in planning their course schedules.