



Course Approval Form

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

Action Requested:

 (definitions available at website above)

Create NEW Inactivate
 Modify (check all that apply below)

Course Level:

Undergraduate Graduate

Title (must be 75% similar to original) Repeat Status Prereq/coreq Grade Mode
 Credits Schedule Type Restrictions Other: _____

College/School: Department:
Submitted by: Ext: Email:

Subject Code: Number: Effective Term: Fall Spring Summer Year
(Do not list multiple codes or numbers. Each course proposal must have a separate form.)

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 → to
 Variable → to
 Lec + Lab/Rct → or
Repeat Status: (check one) Not Repeatable (NR) Repeatable within degree (RD) → Max credits allowed:
 Repeatable within term (RT) → (required for RT/RD status only)

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)
LEC can include LAB or RCT if linked sections will be offered

Prerequisite(s) (NOTE: hard-coding requires separate Prereq Checking form; see above website):

Corequisite(s):

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

Equivalencies (check only as applicable):

	<input type="checkbox"/> YES, course is 100% equivalent to _____ <input type="checkbox"/> YES, course renumbered to or replaces _____
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Catalog Copy (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: <input type="text" value=""/> Hours of Lab or Studio: <input type="text" value=""/> When Offered: (check all that apply) <input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Spring	

Approval Signatures

Department Approval _____ Date 11/11/16 _____ 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

Undergraduate or Graduate Council Approval

UGC or GC Council Member _____ Provost's Office _____ UGC or GC Approval Date _____

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: CHEM 423 Instrumental Analysis Laboratory

Date of Departmental Approval: 11/11/ 2016

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: Change title of course
- Text before Modification (title, repeat status, catalog description, etc.): Instrumental Analysis Laboratory
- Text after Modification (title, repeat status, catalog description, etc.): Instrumental Methods of Chemical Analysis Laboratory
- Reason for the Modification: The new title more accurately reflects the content of the course (unchanged), emphasizing "methods".

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