George Mason University  
Graduate Course Approval/Inventory Form  
Please complete this form and attach a copy of the syllabus for new courses. Forward it as an email attachment to the Secretary of the Graduate Council. A printed copy of the form with signatures should be brought to the Graduate Council Meeting. Complete the Coordinator Form on page 2, if changes in this course will affect other units.

Please indicate: _____ NEW  ____ MODIFY  __X__ DELETE  

Local Unit: MMB  
Graduate Council Approval Date:

Course Abbreviation: BIOL  
Course Number: 551

Full Course Title: Mushrooms, Molds, and Molecules  
Abbreviated Course Title (24 characters max.): Mushrooms, Molds, Molec

Credit hours: 4  
Program of Record: Biology

Repeateable for Credit?  
D=Yes, not within same term  Up to hours  
T=Yes, within the same term  Up to hours  
X=Cannot be repeated for credit

Activity Code (please indicate): X Lecture (LEC)  X Lab (LAB)  X Recitation (RCT)  
X Studio (STU)  X Internship (INT)  X Independent Study (IND)  X Seminar (SEM)

Catalog Credit Format  4 : 3 : 3  Course Level: GF(500-600)  X GA(700+)  

Maximum Enrollment: 20  
For NEW courses, first term to be offered:  
Prerequisites or corequisites: BIOL 304,305,306 or POI.

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses.:  

For MODIFIED or DELETED courses as appropriate:  
Last term offered: Fall 00  
Previous Course Abbreviation: Above  Previous number:

Description of modification:

APPROVAL SIGNATURES:  
Submitted by: ________________________________ email: __________________

Department/Program: ________________________________ Date: __________________

College Committee: ________________________________ Date: __________________

Graduate Council Representative: ________________________________ Date: __________________
Approval from other units:

Please list those units outside of your own who may be affected by this new, modified, or deleted course. Each of these units must approve this change prior to its being submitted to the Graduate Council for approval.

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Graduate Council approval: ____________________________ Date: __________
Graduate Council representative: ______________________ Date: __________
Provost Office representative: _________________________ Date: __________