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  ___X__ MODIFY  ____ DELETE

Local Unit: MMB  Graduate Council Approval Date:

Course Abbreviation : BIOL  Course Number: 556

Full Course Title: Microbial Physiology and Metabolism

Abbreviated Course Title (24 characters max.): Microbial Phys and Metabolism

Credit hours: 3  Program of Record: MS/Biology

Repeatable for Credit?  ___ D=Yes, not within same term  Up to hours
___ T=Yes, within the same term  Up to  hours
___X_ N=Cannot be repeated for credit

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

Catalog Credit Format  3:3:0  Course Level: GF(500-600)  __X__ GA(700+)

Maximum Enrollment: 20  For NEW courses, first term to be offered:
Prerequisites: BIOL 305 and 306 or permission of instructor

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses.:
Prerequisites: BIOL 305 and 306, or permission of instructor. Selected, current topics in microbiology including aspects of growth, nutrition, transport, autotrophic and heterotrophic metabolism, regulation, and differentiation.

For MODIFIED or DELETED courses as appropriate:
Last term offered: Spring 03  Previous Course Abbreviation: BIOL  Previous number: 556

Description of modification: Change title to: Advanced Topics in Microbial Physiology and Metabolism (Adv Tpcs Micro Phys Met)

APPROVAL SIGNATURES:
Submitted by: ___Paulette W. Royt________ email: __proyt@gmu.edu_________________

Department/Program: ________________________________ Date: __________________

College Committee: ________________________________ Date: __________________

Graduate Council Representative: ________________________________ Date: __________________
GEORGE MASON UNIVERSITY
Course Coordination Form

**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: ____________