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: Chemistry and Biochemistry  Graduate Council Approval Date:
Course Abbreviation: CHEM  Course Number: 563

Full Course Title: General Biochemistry I

Abbreviated Course Title (24 characters max.): GENERAL BIOCHEMISTRY I

Credit hours: 3  Program of Record: Chemistry MS

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: 15  For NEW courses, first term to be offered:

Prerequisites or corequisites: CHEM 313, BIOL 213

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses. Survey course covering the structure of biomolecules, including proteins, carbohydrates, lipids, and nucleic acids. An emphasis is placed on protein structure, enzymology, and introductory metabolism.

For MODIFIED or DELETED courses as appropriate:
Last term offered: F04  Previous Course Abbreviation: CHEM 663  Previous number: 663

Description of modification:
Change course number, description and prerequisites.

APPROVAL SIGNATURES:
Submitted by:  __Timothy Born____________________ email: __tborn@gmu.edu__
Department/Program:  __Greg Foster, Chair__________________ Date: ____12/1/04____
College Committee:  ________________________________ Date: __________________
Graduate Council Representative: ________________________________ Date: __________________
GEORGE MASON UNIVERSITY  
Course Coordination Form

**Approval from other units: NONE**

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: _________