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  _____ DELETE

Local Unit:  Chemistry and Biochemistry  Graduate Council Approval Date:

Course Abbreviation: CHEM  Course Number: 564

Full Course Title:  General Biochemistry II

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

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 ___ N=Cannot be repeated for credit

Activity Code (please indicate):  ___L 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 563

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses. Part two of 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 664  Previous number: 664

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: _____________
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: ____________