### Course Approval Form

**Action Requested:** (definitions available at website above)
- [ ] Create NEW
- [ ] Inactivate
- [x] Modify (check all that apply below)
  - [ ] Title (must be 75% similar to original)
  - [ ] Repeat Status
  - [x] Prereq/coreq
- [ ] Grade Mode
- [ ] Other: ____________

**College/School:** School of Business  
**Submitted by:** Rebecca Pierce  
**Ext:** 9663  
**Department:** BUS (GR)  
**Email:** Rpierce4@gmu.edu

**Subject Code:** GBUS  
**Number:** 720  
(Do not list multiple codes or numbers. Each course proposal must have a separate form.)

**Title:** Current: Marketing Analytics  
**Banner:** (30 characters max w/ spaces) Marketing Analytics  
**New:** ____________

**Credits:** (check one)  
- [x] Fixed  
- [ ] Variable  
- [ ] Lec + Lab/Rct

**Repeat Status:** (check one)  
- [x] Not Repeatable (NR)  
- [ ] Repeatability within degree (RD)  
- [ ] Repeatability within term (RT)  
- [ ] Max credits allowed: ____________

**Grade Mode:** (check one)  
- [x] Regular (A, B, C, etc.)
- [ ] Satisfactory/No Credit
- [ ] Special (A, B C, etc. +IP)

**Schedule Type:** (check one)  
- [x] Lecture (LEC)
- [ ] Lab (LAB)
- [ ] Recitation (RCT)
- [ ] Internship (INT)

**Repeat Status:** (check one)  
- [ ] Not Repeatable (NR)  
- [ ] Repeatability within degree (RD)  
- [ ] Repeatability within term (RT)  
- [ ] Max credits allowed: ____________

**Effective Term:**  
- [x] Fall  
- [ ] Spring  
**Year:** 2016  
**Submission in progress**

**Fulfills Mason Core Req?** (undergrad only)
- [ ] Currently fulfills requirement
- [ ] Submission in progress

**Restrictions Enforced by System:** Major, College, Degree, Program, etc. Include Code(s).  
**Equivalencies** (check only as application):  
- [x] YES, course is 100% equivalent to  
- [ ] YES, course renumbered to or replaces ____________

**Prerequisite(s)**:  
B or higher in (STAT 515 or STAT 554); OR a B or higher in GBUS 633 AND GBUS 738 or equivalent.

**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: ________  
- [ ] Hours of Lab or Studio: ________

When Offered: (check all that apply)  
- [ ] Fall  
- [ ] Summer  
- [ ] Spring

**Approval Signatures**

**Department Approval**  
**Date:** ___/___/___

**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.

**For Graduate Courses Only**

<table>
<thead>
<tr>
<th>Unit Name</th>
<th>Unit Approval Name</th>
<th>Unit Approver’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**For Graduate Courses Only**

Graduate Council Member  
Provost’s Office  
Graduate Council Approval Date  
Form revised 9/1/2015