Course Approval Form

Action Requested:  (definitions available at website above)

☐ Create NEW  ☑ Inactivate
☐ Modify (check all that apply below)
☐ Title (must be 75% similar to original)
☐ Repeat Status
☐ Prereq/coreq
☐ Grade Mode
☐ Credits
☐ Schedule Type
☐ Restrictions
☐ Other: __________________________

College/School:   CHSS           Department:   Higher Ed
Submitted by:     Jill Bowen     Ext:  3-8721    Email: Jbowen4

Subject Code: HE  Number: 626  Effective Term:  ☑ Fall
(Do not list multiple codes or numbers. Each course proposal must have a separate form.)
Year 2016
☐ Spring  ☑ Summer

Title:          Assessment in Higher Education
Current     Banner (30 characters max w/ spaces)
New

Fulfills Mason Core Req? (undergrad only)
☐ Currently fulfills requirement
☐ Submission in progress

Credits:  (check one)
☐ Fixed →
☐ Variable →
☐ Lec + Lab/Rct →
☐ to
☐ 0 or

Repeat Status:  (check one)
☐ Not Repeatable (NR) →
☐ Repeatable within degree (RD) →
☐ Repeatable within term (RT) →
☐ Max credits allowed: ☑

Grade Mode:  (check one)
☐ Regular (A, B, C, etc.)
☐ Satisfactory/No Credit
☐ Special (A, B, C, etc. +IP)

Schedule Type:  (check one)
☐ Lecture (LEC)
☐ Lab (LAB)
☐ Recitation (RCT)
☐ Internship (INT)
☐ Independent Study (IND)
☐ Seminar (SEM)
☐ Studio (STU)

Prerequisite(s)  NOTE: hard-coding requires separate Prereq Checking form; see above website:

Corequisite(s):

Restrictions Enforced by System: Major, College, Degree, Program, etc. Include Code(s).

Equivalencies (check only as applicable):
☐ YES, course is 100% equivalent to
☐ YES, course renumbered to or replaces

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.

Unit Name       Unit Approval Name       Unit Approver’s Signature       Date

For Graduate Courses Only

Graduate Council Member

Provost’s Office

Graduate Council Approval Date

Form revised 8/1/2015