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
☐ Credits  ☒ Prereq/coreq
☐ Schedule Type  ☐ Restrictions  ☐ Grade Mode
☐ Other:

College/School: CHSS
Submitted by: Jill Bowen

Department: Higher Ed
Ext: 3-8721
Email: Jbowen4

Subject Code: HE  Number: 999
(Do not list multiple codes or numbers. Each course proposal must have a separate form.)

Effective Term: ☒ Fall
Spring
Summer
Year 2016

Title: Current
Doctoral Dissertation
Banner (30 characters max w/ spaces)
New

Fulfills Mason Core Req? (undergrad only)
Not currently fulfills requirement
Submission in progress

Credits: (check one)
☐ Fixed
☐ Variable
☐ Lec + Lab/Rct
Repeat Status:
☐ to
☐ 0 or
☐ Not Repeatable (NR)
☐ Repeatable within degree (RD)
☐ Repeatable within term (RT)
Max credits allowed:
褙ffered for RT/RD status only

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 at above website
HE 998 and appointed dissertation committee.

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:
When Offered: (check all that apply) ☒ Fall  Summer  Spring
Hours of Lab or Studio:

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 9/14/2015