Qualification Approval Form
Please complete in black ink and block capitals

For instructions:
http://www.psebun.org / info@psebun.org

Action Requested: (definitions available at website above)

☐ Create NEW ☐ Inactivate
☐ Modify (check all that apply below)

☐ Title ☐ Repeat Status ☐ Prereq/coreq ☐ Grade Mode
☐ Credits ☐ Schedule Type ☐ Restrictions ☐ Other: _____

Course Level:
☐ Award ☐ Certificate
☐ Diploma

College/School: _____ **Department:** _____
Submitted by: _____ **Ext:** _____ **Email:** _____

Subject Code: _____ **Number:** _____ **Effective Term:**
☐ Fall
☐ Spring   *Year* [20____]
☐ Summer

(Do not list multiple codes or numbers. Each course proposal must have a separate form.)

Title:
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 → [____] to [____]
☐ Lec + Lab/Rct → [0] or [____]

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

Max credits allowed: [____]
(required 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)
LEC can include LAB or RCT if linked sections will be offered
☐ Lecture (LEC) ☐ Independent Study (IND) ☐ Research (RSC)
☐ Lab (LAB) ☐ Seminar (SEM) ☐ Student Teaching (STC)
☐ Recitation (RCT) ☐ Studio (STU) ☐ Thesis (THS-798/799)
☐ Internship (INT) ☐ Activity (ACT) ☐ Dissertation (DIS-998/999)

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 _____

Catalogue 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   Board 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

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Undergraduate or Graduate Council Approval

_____ _____ _____
Council Member   Provost's Office   GC Approval Date
                                                                                     Form revised 11/10/2016

Industry Sectors
(Tick your training domain as appropriate)

Technology

Health Care

Engineering

Humanities

Management

Life Skills

Academia

Course Index