8. Texas A&M University at Galveston

   New Course

   **GALV 301. TAMUG Study Abroad. Credit 1 to 18.** For students in approved study abroad programs; may be repeated 2 times for credit. Prerequisite: Admission to approved program and approval of academic dean.
Texas A&M University
Departmental Request for a New Course
Undergraduate + Graduate + Professional
Submit original form and attach a course syllabus.

1. This request is submitted by the Department of Marine Sciences

2. Course prefix, number and complete title of course: GALV 301 TAMUG Study Abroad

3. Course description (not more than 50 words): For students in approved study abroad programs, may be repeated for credit.

4. Prerequisite(s) and approval of academic dean.

5. Is this a variable credit course? ☑ Yes ☐ No If yes, from __________ to __________.

6. Is this a repeatable course? ☑ Yes ☐ No If yes, this course may be taken _______ times. Will the course be repeated within the same semester/term? ☑ Yes ☐ No

7. Has this course been taught as a 289/489/689? ☑ Yes ☐ No If yes, how many times? __________ Indicate the number of students enrolled for each academic period it was taught.

8. This course will be:
   a. required for students enrolled in the following degree program(s) (e.g., B.A. in history)

   b. an elective for students enrolled in the following degree program(s) (e.g., M.S., Ph.D. in geography)

9. If other departments are teaching or are responsible for related subject matter, the course must be coordinated with these departments. Attach approval letters.

10. Prefix   Course #   Title (excluding punctuation)

    GALV 301 TAMUG STUDY ABROAD

    Lect. Lab SCH Subject Matter Content Code Admin. Unit Acad. Year FICE Code
    1 8 0 0 1 8 3 0 0 1 0 1 0 3 0 2 1 2 3 0 0 7 - 0 8 0 1 0 2 9 8

Approval recommended by: ________________________ Date: __________

Head of Department

Chair, College Review Committee

Head of Department (if cross-listed course) Date: __________

Dean of College

Dean of College Date: __________

Submitted to Coordinating Board by:

Director of Academic Support Services Date: __________

Effective Date: __________

Questions regarding this form should be directed to Sandra Williams at 845-8836.
OAR/AS - 04/07

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