Please complete this form and attach a copy of the syllabus for new courses. Forward it as an email attachment to the Secretary of the Graduate Council. A printed copy of the form with signatures should be brought to the Graduate Council Meeting. Complete the Coordinator Form on page 2, if changes in this course will affect other units.

Please indicate:   _____ NEW    （） MODIFY     （） DELETE

Local Unit: SOM    Graduate Council Approval Date: 

Course Abbreviation: ACCT    Course Number: 708

Full Course Title: title change – see below

Abbreviated Course Title (24 characters max.):

Credit hours:          Program of Record:

Repeatable for Credit?  ___ D=Yes, not within same term  Up to hours ___ T=Yes, within the same term  Up to  hours  ___ N=Cannot be repeated for credit

Activity Code (please indicate):  ___ Lecture (LEC) ___ Lab (LAB) ___ Recitation (RCT) ___ Studio (STU) ___ Internship (INT) ___ Independent Study (IND)  ____ Seminar (SEM)

Catalog Credit Format : :  Course Level:  GF(500-600) __ GA(700+) ___

Maximum Enrollment: 20  For NEW courses, first term to be offered:

Prerequisites or corequisites:

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses.:

For MODIFIED or DELETED courses as appropriate:

Last term offered: Previous Course Abbreviation: Previous number:
Never under this number MBA 708 MBA 708

Description of modification:

Change Course title from “Global Tax Strategies” to “Taxes and Business Strategy”

APPROVAL SIGNATURES:
Submitted by: Phillip G. Buchanan              email: buchanan@gmu.edu

Department/Program: Phillip G. Buchanan            Date: March 7, 2005

College Committee: Sarah Nutter            Date: February 16, 2005

Graduate Council Representative: Phillip G. Buchanan    Date: March 8, 2005
Approval from other units:

Please list those units outside of your own who may be affected by this new, modified, or deleted course. Each of these units must approve this change prior to its being submitted to the Graduate Council for approval.

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Graduate Council approval: ____________________________ Date: ________
Graduate Council representative: ______________________ Date: ________
Provost Office representative: _________________________ Date: ________