George Mason University
Graduate Course Approval/Inventory Form

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:  __X___ NEW     ____ MODIFY     ____ DELETE

Local Unit:  Dept. of History and Art History   Graduate Council Approval Date:

Course Abbreviation: ARTH     Course Number: 696

Full Course Title: Independent Directed Readings

Abbreviated Course Title (24 characters max.): Ind Dir Readings

Credit hours: 3     Program of Record: Art History

Repeatable for Credit?  

D=Yes, not within same term  Up to hours

T=Yes, within the same term  Up to hours

N_ N=Cannot be repeated for credit

Activity Code (please indicate):  IND Independent Study (IND)

Catalog Credit Format 3:0:0     Course Level: GF(500-600) __X__

Maximum Enrollment: n/a     For NEW courses, first term to be offered: expected Spring 2008

Prerequisites or corequisites:

Admission to Art History MA program and permission of the instructor.

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

696: Independent Directed Readings (3:0:0). Prerequisites: Admission to Art History MA program and permission of the instructor. Taken in the final semester of the Art History MA. Designed to prepare students for comprehensive exams by integrating the student’s past work and filling gaps in expected knowledge before the exam.

APPROVAL SIGNATURES:
Submitted by:  Lawrence Butler___________________ email: lbutler@gmu.edu

Department/Program: ___________________________________ Date: __________________

College Committee: ___________________________________ Date: __________________

Graduate Council Representative: _________________________ Date: __________________
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: ____________