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:  _____ NEW  X ___ MODIFY  _____ DELETE

Local Unit: Microbiology and Molecular Biology Graduate Council Approval Date:

Course Abbreviation: BIOD  Course Number: 711

Full Course Title: Techniques in Immunology Lecture

Abbreviated Course Title (24 characters max.): Techniques in Immunology

Credit hours: 3  Program of Record: BIOD

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

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

Catalog Credit Format  3:3:0  Course Level:  GF(500-600)  ____  GA(700+)  X

Maximum Enrollment: 60  For NEW courses, first term to be offered: Not yet known
Prerequisites or corequisites: BIOD 604 and 605 or permission of instructor.

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses: Introduces students to the theory of immunological techniques and the application of those techniques.

For MODIFIED or DELETED courses as appropriate:
Last term offered: N/A  Previous Course Abbreviation: N/A  Previous number: N/A

Description of modification: Change from 1 credit class to 3 credit class. Syllabus will remain generally the same. Depth and Scope of Material to be covered will increase. Programmatic planning will be improved with 3 credit class.

APPROVAL SIGNATURES:
Submitted by:  ___ Monique van Hoek, Director _____ email: mvanhoek@gmu.edu

Department/Program:  MMB  Date: 9/22/04

College Committee:  Date:

Graduate Council Representative:  Date:
GEORGE MASON UNIVERSITY
Course Coordination Form

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: __________