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: Molecular and Microbiology Department  Graduate Council Approval Date:

Course Abbreviation: BIOD  Course Number: 780

Full Course Title: Masters Supervised Internship

Abbreviated Course Title (24 characters max.): MS Internship

Credit hours: 1-8  Program of Record: Biodefense

Repeatable for Credit?  _X_ D=Yes, not within same term  Up to 8 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)  _X_ Internship (INT)  ___ Independent Study (IND)  ____ Seminar (SEM)

Catalog Credit Format  1-8 : 0 : 0  Course Level: GF(500-600)  ____ GA(700+)  _X___

Maximum Enrollment: n/a  For NEW courses, first term to be offered: F04
Prerequisites or corequisites: Permission of program director or advisor.

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses. An internship for masters’ students dealing with the application of principles presented in courses within a concentration, under the supervision of a qualified professional in the field of biodefense at a government agency, consulting firm, industrial firm, or other acceptable agency.

APPROVAL SIGNATURES:
Submitted by:  ___________________________________________  email: ________________
Department/Program: ___________________________________________  Date: ________________
College Committee: ___________________________________________  Date: ________________
Graduate Council Representative: ________________________________  Date: ________________
GEORGE MASON UNIVERSITY  
Course Coordination Form

Approval from other units: None. Since all BIOD courses are restricted to students within the BIOD program, there is little impact outside the program.

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: ____________