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: 798

Full Course Title: Masters Research Project in Biodefense

Abbreviated Course Title (24 characters max.): Masters Research Project

Credit hours: 1-3  
Program of Record: Biodefense

Repeatable for Credit?  

_X_ D=Yes, not within same term  Up to 3 hours

__ T=Yes, within the same term  Up to ___ hours

___ N=Cannot be repeated for credit

Activity Code (please indicate):  

_L_ Lecture (LEC)  _L_ Lab (LAB)  _R_ Recitation (RCT)

_ST_ Studio (STU)  _I_ Internship (INT)  _X_ Independent Study (IND)  _S_ Seminar (SEM)

Catalog Credit Format 1-3:0:0  
Course Level: GF(500-600) ___ GA(700+) _X_

Maximum Enrollment: 20  
For NEW courses, first term to be offered: S04

Prerequisites or corequisites: Permission of instructor and department chair.

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

Experimental or theoretical research project chosen and completed under the guidance of a graduate faculty member. Comprehensive report acceptable to the student's advisory committee is required. Graded S/NC.

APPROVAL SIGNATURES:  
Submitted by: ___________________________ email: __________________

Department/Program: ___________________________ Date: __________________

College Committee: ___________________________ Date: __________________

Graduate Council Representative: ___________________________ Date: __________________
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: __________