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: 799

Full Course Title: Masters Thesis in Biodefense

Abbreviated Course Title (24 characters max.): Masters Thesis

Credit hours: 3-6  Program of Record: Biodefense

Repeatable for Credit?  _X_ D=Yes, not within same term  Up to 6 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) _X_ Independent Study (IND) ____ Seminar (SEM)

Catalog Credit Format  3-6 : 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:  8 graduate credits in BIOD and 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:

Masters thesis research under direction of supervisor. 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.

<table>
<thead>
<tr>
<th>Unit:</th>
<th>Head of Unit’s Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Graduate Council approval: ______________________________ Date: ____________
Graduate Council representative: __________________________ Date: ____________
Provost Office representative: _____________________________ Date: ____________