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: Molecular and Microbiology Department  Graduate Council Approval Date:

Course Abbreviation: BIOD  Course Number: 890

Full Course Title: Doctoral Supervised Internship

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

Credit hours: 1-6  Program of Record: Biodefense

Repeattable 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)  ___ Independent Study (IND)  ___ Seminar (SEM)

Catalog Credit Format  1-6  : 0  : 0  Course Level: GF(500-600) ___ GA(700+) ___

Maximum Enrollment: n/a  For NEW courses, first term to be offered: F04
Prerequisites or corequisites: Permission of program director and student’s doctoral committee.

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