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: 899

Full Course Title: Directed Research in Biodefense

Abbreviated Course Title (24 characters max.): Directed Research

Credit hours: 1-12  Program of Record: Biodefense

Repeatable for Credit?  _X_ D=Yes, not within same term  Up to 12 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  1-12 : 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 research advisor.

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses:
Research on a pertinent topic in biodefense. The scope and subject of research is to be determined by the instructor.

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.

<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: __________