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
Graduate Council Approval Date:

Course Abbreviation: BIOL Course Number: 690

Full Course Title: Introduction to Graduate Studies in Biology

Abbreviated Course Title (24 characters max.): Intro Grad Studies Biol

Credit hours: 2 Program of Record: MS/Biology

Repeatable for Credit? ___ D=Yes, not within same term Up to hours ___ T=Yes, within the same term Up to hours ___ X_ N=Cannot be repeated for credit

Activity Code (please indicate): ___X_ Lecture (LEC) ___ Lab (LAB) ___ Recitation (RCT) ___ Studio (STU) ___ Internship (INT) ___ Independent Study (IND) ___ Seminar (SEM)

Catalog Credit Format 2 : 2 : 0 Course Level: GF(500-600) _X_ GA(700+)

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

Prerequisites or corequisites:

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses: As is: Required of all new M.S. students in biology. 

For MODIFIED or DELETED courses as appropriate:
Last term offered: Fall 04 Previous Course Abbreviation: BIOL Previous number: 690

Description of modification:
An introduction to the faculty through individual faculty presentations within the current framework of the course.

APPROVAL SIGNATURES:
Submitted by: ________________________________ (email: proyt@gmu.edu)

Department/Program: ________________________________ Date: __________________

College Committee: ________________________________ Date: __________________

Graduate Council Representative: ________________________________ Date: __________________
GEORGE MASON UNIVERSITY
Course Coordination Form

Approval from other units: (Not necessary)

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: ____________