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: Communication  Graduate Council Approval Date:

Course Abbreviation:  Course Number: COMM 604

Full Course Title: Communication Research Practicum

Abbreviated Course Title (24 characters max.):

Credit hours: 3  Program of Record:

Repeatable for Credit?  ___ D=Yes, not within same term  Up to 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 3: 3 : 3 Course Level: GF(500-600)  604  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.:

Request to change title from Communication Research: Opportunities for Application to a more efficient course name:
COMM 604 Communication Research Practicum

APPROVAL SIGNATURES:
Submitted by:  ________________________________  email: ________________

Department/Program:   ________________________________  Date: __________________

College Committee:  ________________________________  Date: _________________
Approval from other units:

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: __________