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:  XX NEW  ____ MODIFY  ____ DELETE

Local Unit:  ICAR  Graduate Council Approval Date:  

Course Abbreviation:  CONF  Course Number: 595

Full Course Title: Special Topics

Abbreviated Course Title (24 characters max.): Selected Topics

Credit hours: 1-3  Program of Record:  

Repeatable for Credit?  ___ D=Yes, not within same term  Up to hours  
XX  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)  
XX  Seminar (SEM)

Catalog Credit Format  1-3:0:1-3  Course Level:  GF(500-600)  XX  GA(700+)  

Maximum Enrollment:  20  For NEW courses, first term to be offered: Fall 2004

Prerequisites or corequisites: None

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

Topics vary from year to year. They are announced each academic year.

For MODIFIED or DELETED courses as appropriate:

Last term offered:  Previous Course Abbreviation:  Previous number:  

Description of modification:

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:**

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: ____________