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:  ICAR  
Graduate Council Approval Date:  

Course Abbreviation:  CONF  
Course Number:  737  

Full Course Title:  "Societies, Globalization and Conflict"

Abbreviated Course Title (24 characters max.):  

Credit hours:  3  
Program of Record:  ICAR  

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

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

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

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.:  

For MODIFIED or DELETED courses as appropriate:
Last term offered:  
Previous Course Abbreviation:  CONF  Previous number:  737

Description of modification: Change course title. Previous title: "Globalization and Domestic Conflict"  
Course Description will remain the same.

APPROVAL SIGNATURES:
Submitted by:  Lisa Nolder__________________________ email:  snolder__________
Department/Program:  ICAR____________________________ Date:  __5/24/04__________
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: __________