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  ____ MODIFY  ____ DELETE

Local Unit: SCS  Graduate Council Approval Date:

Course Designation: CSI  Course Number: 999

Full Course Title: Doctoral Dissertation

Abbreviated Course Title (24 characters max.): Doctoral Dissertation

Credit hours: 1-12  Program of Record: CSI Ph.D.

Repeatable for Credit?  ____ D=Yes, not within same term  Up to 12 hours
                      ____ T=Yes, within the same term  Up to heures
                      ____ 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 1-12: 0: 0  Course Level: GF(500-600) ____ GA(700+)  ____

Maximum Enrollment: 1  For NEW courses, first term to be offered:

Prerequisites: Admission to doctoral candidacy

Catalog Description (35 words or less): Doctoral dissertation research under the direction of the dissertation advisor. May be repeated as needed; however, no more than a total of 24 credits in CSI 998 and 999 may be applied toward satisfying doctoral degree requirements.

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

Description of modification: Course is to be graded “IP” until successful defense of the dissertation. After the defense, all grades are changed to “S”
**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: ________________