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: Community College Education

Graduate Council Approval Date:

Course Abbreviation: CTCH

Course Number: 602

Full Course Title: College Teaching

Abbreviated Course Title (24 characters max.): College Teaching

Credit hours: 3 Program of Record: Community College Education

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

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

Maximum Enrollment: 18

For NEW courses, first term to be offered:

For MODIFIED or DELETED courses as appropriate:

Last term offered: Previous Course Abbreviation: HELA Previous number: 602

Description of modification: change abbreviation

Justification: This course is central to the mission of the DACCE program: to develop leaders in undergraduate education in the two and four year classroom.

APPROVAL SIGNATURES:

Submitted by: ________________________________ email: gkettlew@gmu.edu

Department/Program: ________________________________ Date: __________________

College Committee: ________________________________ Date: __________________

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

Approval from other units:  NONE

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: __________