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: 603

Full Course Title: Teaching with Technology

Abbreviated Course Title (24 characters max.): Teaching with Technology

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

Prerequisites or co requisites:

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses.: no change

For MODIFIED or DELETED courses as appropriate:
Last term offered:  Previous Course Abbreviation: HELA  Previous number: 603

Description of modification: abbreviation change

Justification: A required course in the DACCE program.

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: __________