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: 604

Full Course Title: The Scholarship of Teaching and Learning

Abbreviated Course Title (24 characters max.): Scholarship of 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:

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: 604

Description of modification: abbreviation change

Justification: This is a required course in the DACCE program.

APPROVAL SIGNATURES:
Submitted by: __________________________________________ email: gketlew@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: __________