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/CAS  
Graduate Council Approval Date:  

Course Abbreviation: CTCH  
Course Number: 792  

Full Course Title: Special Topics in Higher Education  
Abbreviated Course Title (24 characters max.): Special Topics Higher Ed  

Credit hours: 1 to 3  
Program of Record: Community College Education  

Repeatable for Credit?   
____ D=Yes, not within same term  
____X__ T=Yes, within the same term  
____ N=Cannot be repeated for credit  

Up to hours: 3  

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

Catalog Credit Format 1-6:1-6:0  
Course Level: GF(500-600) ____ GA(700+) ____X__  

Maximum Enrollment: 18  
For NEW courses, first term to be offered: Spring 2005  
Prerequisites or co requisites:  

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses.: see attached  

For MODIFIED or DELETED courses as appropriate:  
Last term offered: Spring 04  Previous Course Abbreviation:  
Previous number:  

Description of modification: “Covers a variety of current issues in teaching and learning in higher education.” Change to option of one-to-three credits per semester to give more flexibility in topics; wider range of subjects can be offered; may include workshops; may repeat for credit when topic is different.
APPROVAL SIGNATURES:
Submitted by: _Gail B. Kettlewell email: gkettlew@gmu.edu
Department/Program: _Community College Education Date: August 1, 2004
College Committee: ________________________________ Date: _________________
Graduate Council Representative: ________________________________ Date: _________________
**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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