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: 897

Full Course Title: Directed Reading in Higher Education

Abbreviated Course Title (24 characters max.): Directed Reading

Credit hours: 3  Program of Record: Community College Education

Repeatable for Credit?  ___X_ D=Yes, not within same term  Up to hours: 6
___ T=Yes, within the same term  Up to hours
___ N=Cannot be repeated for credit

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

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

Maximum Enrollment: 10  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: Summer 03  Previous Course Abbreviation: HELA  Previous number: 897

Description of modification: abbreviation change, title change per CAS Council

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: ____________