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: 998

Full Course Title: Doctoral Dissertation Proposal

Abbreviated Course Title (24 characters max.): Doctoral Proposal

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)   ___ Independent Study (IND)   ____ Seminar (SEM)

Catalog Credit Format 3 : 3 : 0

Course Level: GF(500-600) ____ GA(700+) ___ X__

Maximum Enrollment: 18

For NEW courses, first term to be offered:

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: 998

Description of modification: abbreviation change

Justification: CAS Council denied request for previous change.

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: __________