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.

<table>
<thead>
<tr>
<th>Please indicate:</th>
<th>____ NEW</th>
<th>___ MODIFY</th>
<th>___ DELETE</th>
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Local Unit: Community College Education  
Graduate Council Approval Date:

Course Abbreviation: CTCH  
Course Number: 999

Full Course Title: Doctoral Dissertation

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

Credit hours: 3  
Program of Record: Community College Education

Repeatable for Credit?  
_D_=Yes, not within same term  _T_=Yes, within the same term  _N_=Cannot be repeated for credit

Activity Code (please indicate):  
_L_=Lecture (LEC)  _L_=Lab (LAB)  _R_=Recitation (RCT)
_S_=Studio (STU)  _I_=Internship (INT)  _I_=Independent Study (IND)  _S_=Seminar (SEM)

Catalog Credit Format 1: 12 : 0

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

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.**

For MODIFIED or DELETED courses as appropriate:

Last term offered:  
Previous Course Abbreviation: HELA  
Previous number: 999

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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<th>Unit:</th>
<th>Head of Unit’s Signature:</th>
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Graduate Council approval: ___________________________ Date: ____________

Graduate Council representative: ______________________ Date: ____________

Provost Office representative: ________________________ Date: ____________