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>_<strong>X</strong> MODIFY</th>
<th>_____ DELETE</th>
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Local Unit: Graduate School of Education  
Graduate Council Approval Date:

Course Abbreviation: EDCD  
Course Number: 604  

Full Course Title: Assessment and Appraisal in Counseling

Abbreviated Course Title (24 characters max.):

Credit hours:  

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

Grade Type:  
__GR: graduate grading, normal (A, A-, B+, B, C, F, IN, AB)  

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

Catalog Credit Format:  
Course Level: GF(500-600) ___ GA(700+) ___

Maximum Enrollment:  
For NEW courses, first term to be offered:  
Prerequisites or corequisites:  
Add to existing prerequisites: Admission to the Counseling and Development program

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: 03B  
Previous Course Abbreviation:  
Previous number:

Description of modification:  
Add to prerequisites

APPROVAL SIGNATURES:
Submitted by:  
email:  

Department/Program:  
Date:  

College Committee:  
Date:  

Graduate Council Representative:  
Date:  
GEORGE MASON UNIVERSITY  
Course Coordination Form

**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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<th>Unit</th>
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Graduate Council approval: ________________________________  Date: __________

Graduate Council representative: ___________________________  Date: __________

Provost Office representative: ____________________________  Date: __________