### 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
- ___ MODIFY
- _____ DELETE

**Local Unit:** Graduate School of Education  
**Graduate Council Approval Date:**

**Course Abbreviation:** EDCD  
**Course Number:** 606

**Full Course Title:** Counseling Children and Adolescents

**Abbreviated Course Title (24 characters max.):**

**Credit hours:**

Repeateable 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.

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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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Graduate Council approval:  ______________________________________________   Date: ____________

Graduate Council representative: __________________________________________   Date: ____________

Provost Office representative: _______________________________ Date: ___________