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: College of Education and Human Development  Graduate Council Approval Date:

Course Abbreviation:  EDCD  Course Number:  616

Full Course Title: Counseling Skills in International Schools

Abbreviated Course Title (24 characters max.):

Credit hours: 3  Program of Record: ISC

Repeatable for Credit?  _D=Yes, not within same term  Up to hours
  _T=Yes, within the same term  Up to  hours
  _x_ N=Cannot be repeated for credit

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

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

Catalog Credit Format  3 : 3 : 0  Course Level:  GF(500-600)  _X_ GA(700+)

Maximum Enrollment: 25  For NEW courses, first term to be offered:

Prerequisites or co-requisites:  NA

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses.:  Introduces counseling skills that are applicable to international school settings. Students will study, discuss, and develop basic counseling skills including building trust, empathy, questioning, listening, confronting, responding, interviewing, etc. with an emphasis on multicultural counseling.

For MODIFIED or DELETED courses as appropriate:

Last term offered:  04F  Previous Course Abbreviation:  NA  Previous number:  NA

Description of modification: Change grade type to GT, which includes the “IP” grading option

APPROVAL SIGNATURES:

Submitted by:  _____ Lynn Walker Levy  ____ email:  lwalker3@gmu.edu

Department/Program:  _____ Lynn Walker Levy  Date:  __3/8/05

College Committee:  _____ Joan Isenberg  ____ Date:  __3/30/05

Graduate Council Representative:  __________________________________________  Date:  __________________
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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<tr>
<td>CEHD</td>
<td>Fred Bemak/Program Coordinator</td>
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Graduate Council approval: __________________________________________ Date: __________

Graduate Council representative: ________________________ Date: __________

Provost Office representative: __________________________ Date: __________