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: 619

Full Course Title: Multicultural Counseling 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) ___ Lab (LAB)     ___ Recitation (RCT)
  ___ Studio (STU)     ___ Internship (INT)     ___ 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.
Provides a focus on counseling Third Culture Kids, international students and their families from diverse cultural backgrounds given the cross-cultural nature of many international schools.

For MODIFIED or DELETED courses as appropriate:
Last term offered: NA  Previous Course Abbreviation: NA  Previous number: NA

Description of modification: Change Grade Type to Special GT grading including “IP”
  Change course description to meet 35 word limit.

APPROVAL SIGNATURES:
Submitted by: _____ Lynn Walker Levy email: ____lwalker3

Department/Program: _____ Lynn Walker Levy Date: __2/9/05

College Committee: _____ Joan Isenberg Date: ________________

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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Graduate Council approval: ___________________________ Date: __________

Graduate Council representative: ______________________ Date: __________

Provost Office representative: ________________________ Date: __________