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

Course Abbreviation: EDCD Course Number: 621

Full Course Title: Consultation and Leadership Skills for the International School Counselor
Abbreviated Course Title (24 characters max.):

Credit hours: 3
Program of Record: ISC

Repeatable for Credit? __ D=Yes, not within same term __ T=Yes, within the same term __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.: Examines consultation and leadership theories and skills that are applicable to international school counselors. Consultation and leadership models will be explored, with an emphasis on parent consultation, as well as consultation with school administration.

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: ________________
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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<tbody>
<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: __________