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: 652

Full Course Title: Introduction to Substance Abuse Counseling

Abbreviated Course Title (24 characters max.):

Credit hours: 3  Program of Record: Counseling and Development

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):  ___ 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 corequisites:
Admission to C&D program, 603

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses. Provides an introduction to substance abuse counseling. Covers topics such as addiction issues, diagnosis, and treatment planning, and individual and group counseling strategies with diverse populations.

For MODIFIED or DELETED courses as appropriate:
Last term offered: Spring 2005  Previous Course Abbreviation: NA  Previous number: NA

Description of modification: Change prerequisites to Admission to C&D program, 603 or concurrent.

APPROVAL SIGNATURES:
Submitted by:  Regine Talleyrand  email: rtalleyr@gmu.edu

Department/Program:  Counseling and Development  Date: 5/9/2005

College Committee:  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: __________