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: 654

Full Course Title: Counseling, Ethics, and Consultation in Community Agencies

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:

_x_ 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 corequisites:
Admission to C&D program, 603

Catalog Description (35 words or less): Emphasizes the types of services and facilities provided, the needs and problems of the client population served, the role and function of the counselor in the agency setting, and the personnel needs of the individual agency.

For MODIFIED or DELETED courses as appropriate:

Last term offered: Fall 2004  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: 5/5/2005

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: ____________