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: EDCI  
Course Number: 516  

Full Course Title: Bilingualism and Language Acquisition Research  
Abbreviated Course Title (24 characters max.):  

Credit hours: 3  
Program of Record: CRIN/CISL/CIMM  

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.: Examines research in first and second language acquisition, including the interaction of a bilingual person's two languages, with applications for the classroom. Field experience in public schools is required

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 Special GT grading including “IP”

APPROVAL SIGNATURES:
Submitted by:  ____ Lynn Walker Levy  email:  ____ lwalker3

Department/Program:  ____ Lynn Walker Levy  Date:  2/8/05

College Committee:  ____ Joan Isenberg  ____ Date:  2/23/05

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.

<table>
<thead>
<tr>
<th>Unit: Center for Language and Culture</th>
<th>Head of Unit’s Signature: Lorraine Valdez Pierce/ESL Coordinator</th>
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Graduate Council approval: ____________________________ Date: __________
Graduate Council representative: ______________________ Date: __________
Provost Office representative: _________________________ Date: __________