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: EDCI
Course Number: 519

Full Course Title: Methods of Teaching in Bilingual/English as a Second Language Settings

Abbreviated Course Title (24 characters max.):

Credit hours: 3

Program of Record: CRIN/CISL/CIMM

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: EDCI 516

Catalog Description (35 words or less):

Please use catalog format and attach a copy of the syllabus for new courses.

Examines approaches, methods, & techniques for teaching English as a Second Language in bilingual and ESL classrooms, as well as resources available in the field.

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: 2/13/05

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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<th>Head of Unit’s Signature:</th>
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<td>Lorraine Valdez Pierce/ESL Coordinator</td>
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Graduate Council approval: ____________________________ Date: ________

Graduate Council representative: ______________________ Date: ________

Provost Office representative: _________________________ Date: ________