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: Graduate School of Education  Graduate Council Approval Date:

Course Abbreviation: EDCI  Course Number: 560

Full Course Title: Methods of Teaching in Foreign/World Languages

Abbreviated Course Title (24 characters max.): Meth Tch For/World Lang

Credit hours: 3  Program of Record: CIFL

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): ___ Lecture (LEC)  ___ Lab (LAB)  ___ Recitation (RCT)
 ___ Studio (STU)  ___ Internship (INT)  ___ Independent Study (IND)

Catalog Credit Format  3 :3 :0  Course Level: GF(500-600)  ____  GA(700+)  ____

Maximum Enrollment:  30  For NEW courses, first term to be offered:

Prerequisites or corequisites:

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses.: Same as present description.

For MODIFIED or DELETED courses as appropriate:
Last term offered:  F03  Previous Course Abbreviation: EDCI  Previous number: 560

Description of modification: Change course name from EDCI 560 Methods of Teaching in Foreign Language To EDCI 560 Methods of Teaching in Foreign/World Languages

APPROVAL SIGNATURES:
Submitted by:  _Jack Levy______________________ email: _jlevy@gmu.edu____
Department/Program:  Joan Isenberg______________________ Date: _5/3/04________
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.

<table>
<thead>
<tr>
<th>Unit:</th>
<th>Head of Unit’s Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Graduate Council approval: _________________________________________ Date: __________

Graduate Council representative: _________________________________________ Date: __________

Provost Office representative: _________________________________ Date: __________