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: 1999

Course Abbreviation: EDIT  Course Number: 792

Full Course Title: Project Development Practicum

Abbreviated Course Title (24 characters max.): Project Dev. Practicum

Credit hours: 9  Program of Record: CEHD Instructional Technology

Repeatable for Credit?  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:  9 : 9 : 0  Course Level:  GF(500-600)  ___  GA(700+)  __X__

Maximum Enrollment: 24  For NEW courses, first term to be offered:

Prerequisites or corequisites: Prerequisite EDIT 791.

Catalog Description (35 words or less). Please use catalog format and attach a copy of the syllabus for new courses.: EDIT792 Project Development Practicum (6:6:0). Designed for students in the immersion concentration of the Instructional Technology program. Allows students to join a design team focusing on the development and evaluation phase of the instructional design process and development process.

For MODIFIED or DELETED courses as appropriate:

Last term offered: Spring 2005  Previous Course Abbreviation: EDIT  Previous number: 792

Description of modification: Change in (a) catalog description (see above), (b) number of credits from 9 to 6 (catalog credit format should be 6:6:0), and (c) removal of existing prerequisites/corequisites.

Rationale: Changes are needed due to the newly modified IDD and immersion concentrations.

APPROVAL SIGNATURES:

Submitted by: __________________________________________ email: ________________

Department/Program: __________________________________ Date: ________________

College Committee: _____________________________________ Date: ________________

Graduate Council Representative: _________________________ Date: __________________