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

Course Abbreviation: EDRD  Course Number: 615

Full Course Title: Teaching Reading/Writing in Multicultural/Multilingual Settings

Abbreviated Course Title (24 characters max.): Teaching Reading/Writing in Multicultural/Multilingual Settings

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: NA

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.: Develops instructional competencies in reading/writing approaches for students from culturally and linguistically diverse backgrounds. Examines teaching reading/writing across the curriculum, bi-literacy acquisition, historical and current reading/writing approaches for second language learners

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: __________________
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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<thead>
<tr>
<th>Unit: Center for Language and Culture</th>
<th>Head of Unit’s Signature:</th>
<th>Date:</th>
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<tbody>
<tr>
<td></td>
<td>Lorraine Valdez Pierce/ESL Coordinator</td>
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Graduate Council approval: ___________________________ Date: ____________

Graduate Council representative: ______________________ Date: ____________

Provost Office representative: ________________________ Date: ____________