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: EDUC  Course Number: 619

Full Course Title: Multicultural Counseling in International Schools

Abbreviated Course Title (24 characters max.): Multicult Coun Int Schls

Credit hours: 3  Program of Record: FAST TRAIN

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):  _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: 20  For NEW courses, first term to be offered: Spring 05

Prerequisites or corequisites:

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses.: EDUC 619 Multicultural Counseling in International Schools. Covers issues, characteristics, skills, and needs relevant to internationally diverse populations in the international school context.

For MODIFIED or DELETED courses as appropriate:

Last term offered:  Previous Course Abbreviation: EDUC  Previous number: 619

Description of modification: CHANGE course abbreviation from EDUC to EDCD and retain everything else.

APPROVAL SIGNATURES:

Submitted by:  Fred Bemak________________________ email: fbemak@gmu.edu___

Department/Program:  Fred Bemak________________________ Date: 8/3004_________

College Committee:  Joan Isenberg________________________ Date: 8/30/04 _________________

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.

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Graduate Council approval: ___________________________________________ Date: ____________

Graduate Council representative: _____________________________________ Date: ____________

Provost Office representative: ________________________________ Date: ____________