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:  ___X___ NEW  ____ MODIFY  ____ DELETE

Local Unit:  
Graduate Council Approval Date:  

Course Abbreviation:  EEP  
Course Number:  609

Full Course Title:  Special Topics in Enterprise Engineering and Policy

Abbreviated Course Title (24 characters max.):  Special Topics EEP

Credit hours: 1-3  
Program of Record:  EEP

Repeatable for Credit?

___ D=Yes, not within same term  Up to hours ___ T=Yes, within the same term  Up to hours ___ N=Cannot be repeated for credit

Activity Code (please indicate):  ___X_ Lecture (LEC)  ___ Lab (LAB)  ___ Recitation (RCT)  
___ Studio (STU)  ___ Internship (INT)  ___ Independent Study (IND)

Catalog Credit Format  1-3:1-3:0  
Course Level:  GF(500-600)  ___X__ GA(700+)  ____

Maximum Enrollment:  20  
For NEW courses, first term to be offered: 04D

Prerequisites or corequisistes:  

Catalog Description (35 words or less):
Topics not covered in the regular EEP course offerings. Course content varies each semester.

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

Description of modification:  

APPROVAL SIGNATURES:

Submitted by:  ________________________________ email: ___mvanscha____

Department/Program:  ________________________________ Date: __________________

College Committee:  ________________________________ Date: __________________

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.

<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>
</tbody>
</table>

Graduate Council approval: ______________________________ Date: ____________

Graduate Council representative: _________________________ Date: ____________

Provost Office representative: ___________________________ Date: ____________