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 _____ MODIFY _____ DELETE

Local Unit: CAS Dept of Geography
Graduate Council Approval Date:

Course Abbreviation: GEOG
Course Number: 680

Full Course Title: Seminar in Thought and Methodology

Abbreviated Course Title (24 characters max.): Thought and Methodology

Credit hours: 3
Program of Record: Geography

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

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

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:

Prerequisites or corequisites: (no change)

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

Historical development of geographic thought and the current philosophy of geography. Analysis of the rationale for the discipline’s various subfields. Geography research techniques and methods of analysis.

For MODIFIED or DELETED courses as appropriate:
Last term offered: Fall, 2003
Previous Course Abbreviation: Seminar in Thought and Methodology
Previous number: 680

Description of modification:
Change in prerequisite.

APPROVAL SIGNATURES:
Submitted by:__________________________email:__________________________
GEORGE MASON UNIVERSITY
Course Coordination Form

Approval from other units:  None

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: ________