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:  

<table>
<thead>
<tr>
<th></th>
<th>NEW</th>
<th>MODIFY</th>
<th>DELETE</th>
</tr>
</thead>
</table>

Local Unit: Public and International Affairs  
Graduate Council Approval Date:  

Course Abbreviation: GOVT  
Course Number: 794  

Full Course Title: Internship  

Abbreviated Course Title (24 characters max.): INTERNSHIP  

Credit hours: 1-6  
Program of Record: MA/Political Science  

Repeatability of Credit:  

<table>
<thead>
<tr>
<th></th>
<th>D=Yes, not within same term</th>
<th>T=Yes, within the same term</th>
<th>N=Cannot be repeated for credit</th>
</tr>
</thead>
</table>

Activity Code (please indicate):  

<table>
<thead>
<tr>
<th></th>
<th>Lecture (LEC)</th>
<th>Lab (LAB)</th>
<th>Recitation (RCT)</th>
<th>Studio (STU)</th>
<th>Internship (INT)</th>
<th>Independent Study (IND)</th>
<th>Seminar (SEM)</th>
</tr>
</thead>
</table>

Catalog Credit Format: 1-6:0:0  
Course Level:  

<table>
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<tr>
<th></th>
<th>GF(500-600)</th>
<th>GA(700+)</th>
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</thead>
</table>

Maximum Enrollment:  
For NEW courses, first term to be offered: F03  
Prerequisites or co-requisites: Students must be admitted to the program and have completed at least 12 credits. Contact internship coordinator one semester before enrollment.

Catalog Description (35 words or less):  
Please use catalog format and attach a copy of the syllabus for new courses.  
Work-study program with specific employers. Written work reflecting the internship experience will be required. Credit to be determined by the department.

For MODIFIED or DELETED courses as appropriate:  

<table>
<thead>
<tr>
<th></th>
<th>Previous Course Abbreviation</th>
<th>Previous number</th>
</tr>
</thead>
</table>

Description of modification:  

APPROVAL SIGNATURES:  

Submitted by:  
email:  

Department/Program:  
Date:  

College Committee:  
Date:  

Graduate Council Representative:  
Date:  


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.

<table>
<thead>
<tr>
<th>Unit:</th>
<th>Head of Unit’s Signature:</th>
<th>Date:</th>
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<tbody>
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</tbody>
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Graduate Council approval: ________________________________ Date: ___________

Graduate Council representative: __________________________ Date: __________

Provost Office representative: ____________________________ Date: __________