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: CNHS

Graduate Council Approval Date:

Course Abbreviation: HSCI
Course Number: 701

Full Course Title: Quantitative Decision Making in Health Systems Management

Abbreviated Course Title (24 characters max.): Quan. Dec. Mak. HSM

Credit hours: 3
Program of Record: HSCI

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): ___ Lecture (LEC) ___ Lab (LAB) ___ Recitation (RCT) ___ Studio (STU) ___ Internship (INT) ___ Independent Study (IND) ___ Seminar (SEM)

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

Maximum Enrollment: 20

For NEW courses, first term to be offered:

Prerequisites or corequisites:

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

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

Description of modification: Course Title changed to "Introduction to Biostatistics". Course description revised to reflect a 500 level course. Course number changed to HSCI 501.

APPROVAL SIGNATURES:
Submitted by: ________________________________ email: ________________

Department/Program: ________________________________ Date: __________________

College Committee: ________________________________ 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: ____________