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 ___ X__ DELETE

Local Unit: CNHS
Graduate Council Approval Date:

Course Abbreviation: HSCI
Course Number: 708

Full Course Title: Operations/Quality Management of Health Services

Abbreviated Course Title (24 characters max.): Oper. Qual Man. Health Ser.

Credit hours: 3
Program of Record: Health Science

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 3 : 3 : 0
Course Level: GF(500-600) __ GA(700+) ___ X__

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

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: Spring 2003
Previous Course Abbreviation: HSCI
Previous number: 708

Description of modification: This course is being deleted as the content has been included in the course HSCI 586 allowing for a wider audience of students.

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: ____________