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: CNHS  Graduate Council Approval Date:

Course Abbreviation: HSCI  Course Number: 712

Full Course Title: Epidemiology and Health Services Research

Abbreviated Course Title (24 characters max.): Epidemiology

Credit hours: 3  Program of Record: Health System Management

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+)  712

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.: The course presents an introduction to epidemiology and health services research as a body of knowledge and a method of analyzing health problems. Students learn the role of health services research and epidemiology in policy and evidence-based management and clinical practice. Students design experiments, analyze secondary data, and evaluate impact of programs on health outcomes.

For MODIFIED or DELETED courses as appropriate:
Last term offered: Spring  Previous Course Abbreviation: HSCI  Previous number: 712

Description of modification:
The course was reorganized so that it can have a clear emphasis on epidemiology.

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:

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: __________