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: 722

Full Course Title: Electronic Commerce and Online Marketing for Health Services

Abbreviated Course Title (24 characters max.):

Credit hours: ____________________ Program of Record: ____________________

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: HSCI  
Previous number: 722

Description of modification: Course changed to a 600 level course to create a more flexible pathway for students interested in E-commerce. The new course number is HSCI 601.

Please Note: The course title contained two incorrect words (Outline and Market). The title should read: Electronic Commerce and Online Marketing for Health Services

APPROVAL SIGNATURES:

Submitted by: ____________________ email: ____________________

Department/Program: ____________________ 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: __________