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:  ___X___ NEW    ____ MODIFY    ____ DELETE

Local Unit:  English
Graduate Council Approval Date:

Course Abbreviation:  LING
Course Number:  799

Full Course Title:  Thesis

Abbreviated Course Title (24 characters max.): Thesis

Credit hours:  1 – 6
Program of Record:  MA in English

Repeatable for Credit?  ___X__ D=Yes, not within same term Up to hours (6)  
___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  1-3: 0 : 0  Course Level:  GF(500-600)  ____ GA(700+)  ___X__

Maximum Enrollment:  18  For NEW courses, first term to be offered:  F04

Prerequisites or corequisites:
Prerequisite: Open only to students who have completed at least 18 credits of LING courses.

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses:  Students who take LING 798 to develop a thesis topic and then elect the thesis option receive three credits for LING 799 on completion of the thesis. Students who do not take LING 798 or who take it to work on a project unrelated to their thesis receive up to six credits for LING 799 on completion of the thesis. Graded S/NC.

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

Description of modification:

APPROVAL SIGNATURES:
Submitted by:  ___Steven Weinberger_______ email: ___sweinberg@gmu.edu___

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: __________