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: MAIS  Graduate Council Approval Date:  

Course Abbreviation: MAIS  Course Number: 798

Full Course Title: Interdisciplinary Studies Thesis
Abbreviated Course Title (24 characters max.):

Credit hours: 1-6:0:0  Program of Record: MAIS

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)

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

Maximum Enrollment:  
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. Research project related to the student’s concentration taken under supervision of the faculty advisor and project evaluation committee.

For MODIFIED or DELETED courses as appropriate:
Last term offered: Fall 2004  Previous Course Abbreviation: MAIS  Previous number: 798

Description of modification:
1. Variable Credit: 1-6
2. Continuous enrollment is required.

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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<th>Head of Unit’s Signature:</th>
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Graduate Council approval: ______________________________________________ Date: ____________

Graduate Council representative: ________________________________________ Date: ____________

Provost Office representative: ________________________________ Date: ____________