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:  MAIS
Graduate Council Approval Date:

Course Abbreviation:  MAIS
Course Number:  799

Full Course Title:  Interdisciplinary Studies Thesis

Abbreviated Course Title (24 characters max.):

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

Repeatable for Credit?  ___ D=Yes, not within same term
___ T=Yes, within the same term
___ N=Cannot be repeated for credit

Up to hours

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. Original research endeavor 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:  799

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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Graduate Council approval: _____________________________ Date: ________

Graduate Council representative: _____________________________ Date: ________

Provost Office representative: _____________________________ Date: ________