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:   College of Visual and Performing Arts  
Graduate Council Approval Date: 

Course Abbreviation: MAM  
Course Number: 704

Full Course Title: Finance and Budgeting for the Arts

Abbreviated Course Title (24 characters max.): Finance and Budgeting for the Arts

Credit hours:  4  
Program of Record: Master of Arts Management

Repeatable for Credit?  ____x 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):  ____x Lecture (LEC)  ____x 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+)  ____

Maximum Enrollment: 22  
For NEW courses, first term to be offered: 
Prerequisites or corequisites: Admission to CVPA Graduate Program or by permission of instructor

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: Spring 05  Previous Course Abbreviation:MAM  Previous number: 704

Description of modification: Change from a 4 credit course to a 3 credit course

APPROVAL SIGNATURES:  
Submitted by:  _Meg Brindle______________ email: __mbrindle@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: ____________