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: Graduate Council Approval Date:

Course Abbreviation: Course Number:

Full Course Title:

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: Previous number:
Approx 2001 MBA 733

Description of modification: Change course number from MBA 733 to MBA 743 for internal consistency

APPROVAL SIGNATURES:
Submitted by: Phillip G. Buchanan email: buchanan@gmu.edu

Department/Program: Phillip G. Buchanan Date: March 7, 2005

College Committee: Sarah Nutter Date: February 16, 2005

Graduate Council Representative: Phillip G. Buchanan Date: March 8, 2005
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: ____________