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   CVPA, Department of Music
Graduate Council Approval Date:

Course Abbreviation: MUSI        Course Number: 580

Full Course Title: Wind Symphony
Abbreviated Course Title (24 characters max.): Wind Symphony

Credit hours: 1           Program of Record: Master of Music

Repeatable for Credit?  _X__ D=Yes, not within same term             Up to hours
                        ____ T=Yes, within the same term             Up to 4 hours
                        ____ N=Cannot be repeated for credit

Activity Code (please indicate):  ___ Lecture (LEC) ___ Lab (LAB) ___ Recitation (RCT)
                        _x__ Studio (STU)     ___ Internship (INT) ___ Independent Study (IND)
                        ___ Seminar (SEM)

Catalog Credit Format 1 : 0 : 3 Course Level: GF(500-600) _X_ GA(700+)

Maximum Enrollment: 100

Prerequisites or corequisites:

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses: Prerequisite: Audition. Highly selective group of instrumentalists performing works from the wind symphony repertoire. Public concerts are given. May be taken 4 times for credit. fs

For MODIFIED or DELETED courses as appropriate:
Last term offered: Fall 2003  Previous Course Abbreviation: MUSI  Previous number: 580

Description of modification:
Course title change

APPROVAL SIGNATURES:
Submitted by: Professor Anthony Maiello email: amaiello@gmu.edu

Department/Program: ________________________________ Date: __________________

College Committee: ________________________________ Date: __________________

Graduate Council Representative: ________________________________ Date: __________________