GEORGE MASON UNIVERSITY
Graduate Council NEW Certificate, Concentration, Track or Degree Program Coordination/Approval Form

(Please complete this form and attach any related materials. 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. If no coordination with other units is required, simply indicate “None” on the form.

Title of Program/Certificate, etc: MBA Program

Level (Masters/Ph.D.): Masters

Please Indicate: ______ Program ______ Certificate ___ X ___ Concentration ______ Track

Description of certificate, concentration or degree program:
Please attach a description of the new certificate or concentration. Attach Course Inventory Forms for each new or modified course included in the program. For new degree programs, please attach the SCHEV Program Proposal submission.

This proposal would add a concentration in Project Management to the MBA program as follows:

Required courses:
- MBA 712 Project Management
- MBA 715 Advanced Project and Program Management
- MBA 725 Leadership

Two electives chosen from the following courses
- MBA 713 Human Resource Management
- MBA 724 Marketing Communications
- MBA 726 Negotiations
- MBA 731 Business Systems and Analysis
- MBA 732 Knowledge Management
- MBA 737 Information Technology Governance and Policy

One other 700 level elective from outside the concentration

Please list the contact person for this new certificate, concentration, track or program for incoming students: Phillip G. Buchanan, Director, The Mason MBA

Approval from other units:

Please list those units outside of your own who may be affected by this new program. Each of these units must approve this change prior to its being submitted to the Graduate Council for approval.

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Submitted by: Phillip G. Buchanan
Email: buchanan@gmu.edu

Graduate Council approval: ____________________________ Date: ____________

Graduate Council representative: _______________________ Date: ____________

Provost Office representative: __________________________ Date: ____________