**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:** __X__ NEW  ____ MODIFY  ____ DELETE

**Local Unit:** SCS  
**Graduate Council Approval Date:**

**Course Designation:** NEUR  
**Course Number:** 703

**Full Course Title:** Laboratory Rotation and Readings

**Abbreviated Course Title (24 characters max.):** Laboratory Rotation and Readings

**Credit hours:** 3  
**Program of Record:** NEUR Ph.D.

**Repeatable for Credit?**  
____ D=Yes, not within same term  Up to hours

____ T=Yes, within the same term  Up to hours

__X_ N=Cannot be repeated for credit

**Activity Code** (please indicate): __X__ Lecture (LEC)  ____ Lab (LAB)  ____ Recitation (RCT)

____ Studio (STU)  ____ Internship (INT)  ____ Independent Study (IND)  ____ Seminar (SEM)

**Catalog Credit Format** 3: 0: 9  
**Course Level:** GF(500-600)  ____ GA(700+)  __X__

**Maximum Enrollment:** 25  
**For NEW courses, first term to be offered:** Fall 2004

**Prerequisites:** Admission into the Ph.D. program in neuroscience.

**Catalog Description (35 words or less):** Intensive introduction to a neuroscience research laboratory. Projects can involve directed reading, literature searches, data collection and/or analysis, or a mixture of any of these elements. The culmination of each rotation is a short final project, demonstrating some mastery of the techniques and approaches employed. The goal of this class is to broaden the base of practical neuroscience research that students are exposed to during the early stages of their graduate education. It is expected that this experience will also help students select a laboratory and a research topic for their dissertation.

For MODIFIED or DELETED courses as appropriate:

Last term offered:  
Previous Course Abbreviation:  
Previous number:

**Description of modification:**
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: ____________