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: SCS  Graduate Council Approval Date:

Course Designation: NEUR  Course Number: 998

Full Course Title: Doctoral Dissertation Proposal

Abbreviated Course Title (24 characters max.): Doctoral Dissertation Proposal

Credit hours: 1-12  Program of Record: NEUR Ph.D.

Repeatable for Credit?  ______ X D=Yes, not within same term  Up to 18 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  1-12: 0: 0  Course Level: GF(500-600)  _____ GA(700+)  ______ X

Maximum Enrollment: 1  For NEW courses, first term to be offered:

Prerequisites: Permission of instructor

Catalog Description (35 words or less): Covers development of a research proposal, which forms the basis for a doctoral dissertation, under the guidance of a dissertation director and the doctoral committee. May be repeated as needed; however, no more than 18 credits of NEUR 998 may be applied toward satisfying doctoral degree requirements.

For MODIFIED or DELETED courses as appropriate:
Last term offered:  Previous Course Abbreviation:  Previous number:

Description of modification: Course is to be graded “IP” until successful defense of the dissertation. After the defense, all grades are changed to “S”
 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: ________________