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: 999

Full Course Title: Doctoral Dissertation

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

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

Repeateable for Credit?  ___ D=Yes, not within same term  Up to 12 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: Admission to doctoral candidacy

Catalog Description (35 words or less): Doctoral dissertation research under the direction of the dissertation advisor. May be repeated as needed; however, no more than a total of 24 credits in NEUR 998 and 999 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”
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: ____________