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: PSCI  Course Number: 999

Full Course Title: Doctoral Dissertation

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

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

Repeatable for Credit?  ____ X 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)  ____ X 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 PSCI 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: __________