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: Psychology  Graduate Council Approval Date: 

Course Abbreviation: PSYC  Course Number: 624

Full Course Title: Applications of Applied Behavior Analysis

Abbreviated Course Title (24 characters max.): Applications of ABA

Credit hours: 3

Program of Record:

Repeatable for Credit?  ___ D=Yes, not within same term  Up to 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)  ___X_ Seminar (SEM)

Catalog Credit Format  3:3:0  Course Level:  GF(500-600)  ___X_ GA(700+)

Maximum Enrollment: 15  For NEW courses, first term to be offered: Fall 2005
Prerequisites or corequisites:  PSYC 619 and 621 or EDSE 619 and 621

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses. This seminar expands students' capability to deal with more complex behavioral situations and enables them to relate to more sophisticated professional issues and environments.

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

Description of modification:

APPROVAL SIGNATURES:
Submitted by: Jerome Short, Associate Chair for Graduate Studies in Psychology  Email: jshort@gmu.edu

Department/Program: ________________________________ Date: __________________

College Committee: ________________________________ Date: __________________

Graduate Council Representative: ________________________________ Date: __________________