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:  School of Public Policy  Graduate Council Approval Date:

Course Abbreviation: PUBP  Course Number: 805

Full Course Title: Public Policy Systems and Theory

Abbreviated Course Title (24 characters max.): Public Plcy Syst & Thry

Credit hours: 4  Program of Record:

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):  ___ Lecture (LEC)  ___ Lab (LAB)  ___ Recitation (RCT)  ___ Studio (STU)  ___ Internship (INT)  ___ Independent Study (IND)  ___X_ Seminar (SEM)

Catalog Credit Format 4:3:0  Course Level: GF(500-600) ___ GA(700+) ___X__

Maximum Enrollment: 15  For NEW courses, first term to be offered:
Prerequisites or corequisites: PUBP730 or equivalent

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses:
Theories of public policy making, emphasizing discipline’s historical, intellectual and international development. Focus on policy systems’ political and social dimensions, including agenda-setting, policy design, rationality, incrementalism, systems theory, scientific methods, public choice theory. Applies theories to comparative systems of governance.

For MODIFIED or DELETED courses as appropriate:
Last term offered: Spring 2005  Previous Course Abbreviation: PUBP  Previous number: 805

Description of modification: change to course description

APPROVAL SIGNATURES:
Submitted by:  ________________________________ email: __________________

Department/Program:  ________________________________ Date: __________________

College Committee:  ________________________________ Date: __________________

Graduate Council Representative: ________________________________ Date: __________________
**GEORGE MASON UNIVERSITY**

**Course Coordination Form**

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**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: __________