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  ____ MODIFY  ____ DELETE

Local Unit:  School of Public Policy  Graduate Council Approval Date:

Course Abbreviation: PUBP  Course Number: 791

Full Course Title: Advanced Field Research for Policy: Theory and Method

Abbreviated Course Title (24 characters max.): Adv Field Rsrch for Pley

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

____ 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+)  ____

Maximum Enrollment: 15  For NEW courses, first term to be offered:

Prerequisites or corequisites:

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses.:

Teaches students to analyze the framing of policy questions and to examine culture and organization at group, organizational (and inter-organizational), and societal levels. Case study research, open-ended interviewing, participant-observation, social network analysis, historical and archival research covered.

For MODIFIED or DELETED courses as appropriate:

Last term offered:  Previous Course Abbreviation: PUBP  Previous number: 807

Description of modification: change to course title, description and numbering

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: __________