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:  SPP  Graduate Council Approval Date:

Course Abbreviation:  PUBP  Course Number:  808

Full Course Title:  Advanced Economic Analysis for Political Research

Abbreviated Course Title (24 characters max.):  Adv Econ Analy Pol Rsrch

Credit hours:  4  Program of Record:  SPP - PhD

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

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

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

Description of modification:
Change from 3 to 4 credits, as originally intended, to match other 800-level PUBP courses

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: ____________