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: 820

Full Course Title: Technology, Science, and Innovation: Institutions and Governance

Abbreviated Course Title (24 characters max.): Tech/Sci/Innov: Inst/Gov

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:

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses.
Explores how political and economic institutions and cultural values shape the pace, direction, and costs and benefits of technological innovation and scientific research. Special emphasis placed on the interaction between national institutions and values and processes of globalization.

For MODIFIED or DELETED courses as appropriate:
Last term offered: Fall 2004  Previous Course Abbreviation: PUBP  Previous number: 820

Description of modification: change to course title, description

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: ____________