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: 821

Full Course Title: Analytic Methods for Technology, Science, and Innovation Policy

Abbreviated Course Title (24 characters max.): Tech/Sci/InnovAnal Meth

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: PUBP820 or permission of instructor

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses:
Covers major methodological approaches to the study of technology, science, innovation, and public policy. Focuses on the analytical inputs to policy-making and assesses their practical consequences in such areas as security, energy, environment, health, and others.

For MODIFIED or DELETED courses as appropriate:
Last term offered: Spring 2005   Previous Course Abbreviation: PUBP   Previous number: 821

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: ____________