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: 841

Full Course Title: U.S. Policy-Making Processes

Abbreviated Course Title (24 characters max.): US Policy Making Process

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+)  ___X__

Maximum Enrollment: 15

For NEW courses, first term to be offered:
Prerequisites or corequisites: PUBP840 or permission of instructor

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses.: 
Analysis of the major U.S. public policy processes. Attention to the major instruments for implementing policy, including regulation, grants, tax policy, and market based mechanisms; and how different methodologies are appropriate for understanding aspects of policy inquiry. Ethical and accountability aspects of policy covered, including federalism, intergovernmental relations, and state and local governance.

For MODIFIED or DELETED courses as appropriate:
Last term offered: Spring 2005  
Previous Course Abbreviation: PUBP  
Previous number: 841

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: __________