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: 861

Full Course Title: Culture and Social Policy Analysis

Abbreviated Course Title (24 characters max.): Culture/Soc Plcy Analys

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=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: PUBP 860 or permission of instructor

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses.:
Application of social and cultural theories to policy topics, including methodological approaches and empirical studies. Emphasizes linkage between theory and empirical research and the methods appropriate for social policy study. Policy topics may include poverty and inequality, the family, education, crime and corruption, immigration, and health.

For MODIFIED or DELETED courses as appropriate:
Last term offered: Spring 2005  Previous Course Abbreviation: PUBP  Previous number: 861

Description of modification: change to course title, description

APPROVAL SIGNATURES:
Submitted by:  ________________________________ email: ________________________________

Department/Program:  ________________________________ Date: ________________________________

College Committee:  ________________________________ Date: ________________________________

Graduate Council Representative:  ________________________________ Date: ________________________________
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: ____________