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: Social Work  Graduate Council Approval Date:

Course Abbreviation: SOCW  Course Number: 624

Full Course Title: Human Behavior and Social Systems II

Abbreviated Course Title (24 characters max.): Hum Bhv & Soc Sys II

Credit hours: 3  Program of Record: MSW

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  3:3:0

Course Level: GF(500-600)  __X__ GA(700+)

Maximum Enrollment: 25

For NEW courses, first term to be offered:

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses: Continues the study of human behavior and diversity by exploring the application of developmental theory and ecological principles to those in young adulthood, middle adulthood, and older adulthood.

For MODIFIED or DELETED courses as appropriate:

Last term offered: SP03  Previous Course Abbreviation:  Previous number:

Description of modification: (1) changes course description in order to rearrange which material is covered in second part of the sequence in order to better integrate micro and macro content.

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.

<table>
<thead>
<tr>
<th>Unit:</th>
<th>Head of Unit’s Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Graduate Council approval: ________________________________ Date: ______

Graduate Council representative: __________________________ Date: ______

Provost Office representative: ____________________________ Date: ______