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: Social Work  Graduate Council Approval Date:

Course Abbreviation: SOCW  Course Number: 651

Full Course Title: Social Policies, Programs, and Services I

Abbreviated Course Title (24 characters max.): Soc Pol, Prg, & Svc I

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):  
___ 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:

Prerequisites or corequisites:
Prerequisite: Graduate standing.

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses.

History of American social welfare policy and the social work profession. Explores political, economic, social, cultural, and ideological influences on policy-making with an emphasis on consequences for populations at risk. Introduction to historical policy analysis.

For MODIFIED or DELETED courses as appropriate:
Last term offered: FA03  Previous Course Abbreviation:
Previous number:

Description of modification: (1) changes course description to allow more time for coverage of historical material. Prepares students for second course in sequence.

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: ____________