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: 652

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

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

Prerequisites or corequisites:  
Prerequisite: SOCW 651.

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses: Explores various frameworks for analyzing social policy and introduces students to current policies in areas including child welfare, juvenile justice, mental health, health care, and disabilities. Initiates consideration of strategies for improving policies through advocacy.

For MODIFIED or DELETED courses as appropriate:  
Last term offered: SP03  Previous Course Abbreviation:  
Previous number:  

Description of modification: (1) changes course description to allow more time for coverage of policy analysis. Prepares students for third course in sequence.

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: ____________