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: 657

Full Course Title: Integrative Approaches to Social Work Intervention I

Abbreviated Course Title (24 characters max.): Intgr App to Soc Wk Intrv I

Credit hours: 3  
Program of Record: MSW

Repeatable for Credit?  ___ D=Yes, not within same term  
___ T=Yes, within the same term  
___ 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.
Open only to students enrolled in MSW degree program.
Corequisite: SOCW 672.

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

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

Description of modification: (1) adds statement about who can enroll in course and (2) adds a corequisite.  
These changes are required by accreditation.

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: __________