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 _____ MODIFY _____ DELETE

Local Unit: Social Work  Graduate Council Approval Date:

Course Abbreviation: SOCW  Course Number: 658

Full Course Title: Integrative Approaches to Social Work Intervention II

Abbreviated Course Title (24 characters max.): Intgr App to Soc Wk Intrv 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 657.
Open only to students enrolled in MSW degree program.
Corequisite: SOCW 673.

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: SP03  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: __________