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: 670

Full Course Title: Communication and Technology for Social Work Practice

Abbreviated Course Title (24 characters max.): Com & Tech for SW Practice

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 4:3:0  Course Level: GF(500-600)  ____ GA(700+)

Maximum Enrollment: 25  For NEW courses, first term to be offered:

Prerequisites or corequisites: 
Prerequisites: Graduate Standing

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: FA04  Previous Course Abbreviation:  
Previous number:

Description of modification: Changes course title

APPROVAL SIGNATURES:
Submitted by:  email:  
Department/Program:  Date:  
College Committee:  Date:  
Graduate Council Representative:  Date:  

For MODIFIED or DELETED courses as appropriate:
# 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: __________