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: 672

Full Course Title: Foundation Field Practicum and Seminar I

Abbreviated Course Title (24 characters max.): Fdt Field Prac & Sem 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: 12  For NEW courses, first term to be offered:

Prerequisites or corequisites:
Corequisite: SOCW 657.

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 a corequisite as required by accreditation.

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: _________