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: 684

Full Course Title: Policy Practice for Social Workers

Abbreviated Course Title (24 characters max.): Pol Pract for Soc Workers

Credit hours: 4  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) ___X GA(700+)

Maximum Enrollment: 25

For NEW courses, first term to be offered:

Prerequisites or corequisites:
Prerequisites: SOCW 624, 652, 658, 673

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses:  
Explores development and implementation of social welfare policies and services. Understanding the policy-making process, conducting legislative research, and mastering advocacy skills in order to shape policy outcomes that reflect social work values.

For MODIFIED or DELETED courses as appropriate:

Last term offered: FA03  Previous Course Abbreviation:  Previous number:

Description of modification: (1) changes course description to allow consideration of a wider variety of issues by eliminating mention of specific applications.

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: ____________