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  

Local Unit: Social Work  

Graduate Council Approval Date: 

Course Abbreviation: SOCW  

Course Number: 691  

Full Course Title: Integrative Seminar

Abbreviated Course Title (24 characters max.): 

Credit hours: 3  

Program of Record: MSW  

Repeatable for Credit?  

D=Yes, not within same term  

T=Yes, within the same term  

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: 4:3:0  

Course Level: GF(500-600) ___ GA(700+) ___

Maximum Enrollment: 25  

For NEW courses, first term to be offered: 

Corequisite: SOCW 690

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: SP04  

Previous Course Abbreviation:  

Previous number: 

Description of modification: SOCW 690 is a corequisite not a prerequisite; was an error in catalog.

APPROVAL SIGNATURES:

Submitted by:  

e-mail: 

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: ______