GEORGE MASON UNIVERSITY
Graduate Council MODIFIED/DELETED Certificate, Concentration, Track, or Degree Program Coordination/Approval Form

(Please complete this form and attach any related materials. 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. If no coordination with other units is required, simply indicate “None” on the form.

Title of Program/Certificate, etc: Certificate in Biological Threat and Defense

Level (Masters/Ph.D.): Graduate Certificate

Please Indicate: ______ Program ______ Certificate ______ Concentration ______ Track

Description of the change in the certificate, concentration or degree program: Slight changes are being proposed to the program of study for the Certificate in Biological Threat and Defense. These slight changes are designed to align this certificate program with the Medical Biodefense Certificate program of study. The students will now take the first two core biodefense courses, which we feel are crucial to a well-rounded understanding of biodefense, and then will choose from a list of courses to complete their certificate program. The two previously required courses are moved to the list from which students may select their remaining 8 credits. Note that the list of courses for this Certificate program is different from the list offered to Medical Biodefense Certificate students, providing the focus for the certificate.

Approval from other units: No other units are directly affected, as the certificate program is completely contained within the MMB department, and all courses taken are BIOD courses.

Please list those units outside of your own who may be affected by these. Each of these units must approve this change prior to its being submitted to the Graduate Council for approval.

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<th>Unit: Department of Molecular and Microbiology</th>
<th>Head of Unit’s Signature:</th>
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Submitted by: _____________________________________________  Email: ____________

Graduate Council approval: __________________________________ Date: ____________

Graduate Council representative: ____________________________ Date: ____________

Provost Office representative: _____________________________ Date: ____________