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:** CEIE  
**Graduate Council Approval Date:**

**Course Abbreviation:** CEIE  
**Course Number:** 605

**Full Course Title:** Infrastructure Systems Analysis

**Abbreviated Course Title (24 characters max.):** Infrastruct Systs Analys

<table>
<thead>
<tr>
<th>Credit hours:</th>
<th>3 credit hours</th>
<th>Program of Record:</th>
<th>CEIE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeatable for Credit?</td>
<td></td>
<td>Up to hours</td>
<td></td>
</tr>
<tr>
<td>D=Yes, not within same term</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T=Yes, within the same term</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X=Cannot be repeated for credit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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) _600___ GA(700+) ____

**Maximum Enrollment:** 20

Prerequisites or corequisites:

STAT 344

**Catalog Description (35 words or less):**  
Please use catalog format and attach a copy of the syllabus for new courses.

**For MODIFIED or DELETED courses as appropriate:**

Last term offered: Fall 03  
Previous Course Abbreviation: same  
Previous number: same

Description of modification:

To catalog description, please add the following to the end of the description: “Optimization concepts and methods.”

**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.

<table>
<thead>
<tr>
<th>Unit:</th>
<th>Head of Unit’s Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Graduate Council approval: ___________________________ Date: __________

Graduate Council representative: ______________________ Date: __________

Provost Office representative: _________________________ Date: __________