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:  CS  Graduate Council Approval Date:

Course Abbreviation: CS  Course Number:  780

Full Course Title:  Computational Vision

Abbreviated Course Title (24 characters max.):

Credit hours:  Program of Record:

Repeatable for Credit?  ____ D=Yes, not within same term  Up to hours  
                   ____ T=Yes, within the same term  Up to  hours  
                   ____ 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:  :  

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

Maximum Enrollment:  20  

For NEW courses, first term to be offered:

Prerequisites or corequisites:

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:  Previous Course Abbreviation:  CS  Previous number:  780

Description of modification: number changes to CS 774 (please continue to crosslist with IT 835)

APPROVAL SIGNATURES:

Submitted by:  _______Harry Wechsler__________ email: __wechsler@cs.gmu.edu__

Department/Program:  ________Arum Sood_________ Date: __08/26/05____

College Committee:  ________Daniel Menasce________ Date: ___09/01/05____

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: _________