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: CS
Graduate Council Approval Date:

Course Abbreviation: CS
Course Number:  809

Full Course Title: Scaling Technologies for E-business

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: 809

Description of modification: number changes to CS 719 (please continue to crosslist with IT 809)

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.

<table>
<thead>
<tr>
<th>Unit:</th>
<th>Head of Unit’s Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Graduate Council approval: ___________________________ Date: __________

Graduate Council representative: ______________________ Date: __________

Provost Office representative: ________________________ Date: __________