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 _____ MODIFY ____X___ DELETE

Local Unit: CS
Graduate Council Approval Date:

Course Abbreviation: CS
Course Number: 816

Full Course Title: Parallel Architecture, Algorithms, and Applications

Abbreviated Course Title (24 characters max.):

Credit hours: Program of Record:

Repeateable 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:

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: (some)
Last term offered: Previous Course Abbreviation: Previous number:

Description of modification:

APPROVAL SIGNATURES:
Submitted by: ___________ Harry Wechsler ________ email: ___wechsler@cs.gmu.edu___

Department/Program: ___________ Arum Sood ___________ Date: ___ 8/26/05 ______

College Committee: ___________ Daniel Menasce_________ Date: ___ 9/1/05 ___

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: ____________