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 ______ DELETE

Local Unit: CS

Graduate Council Approval Date:

Course Abbreviation: CS

Course Number: 817

Full Course Title: Neutral Networks

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: 817

Description of modification: number changes to CS 771 (please continue to crosslist with IT 817)

APPROVAL SIGNATURES:
Submitted by: Harry Wechsler __wechsler@cs.gmu.edu

Department/Program: Arum Sood 08/26/05

College Committee: Daniel Menasce 09/01/05

Graduate Council Representative: ___09/01/05____
## 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: __________