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:  IT&E

Graduate Council Approval Date:

Course Abbreviation: CS  Course Number: 835

Full Course Title: Computational Vision

Abbreviated Course Title (24 characters max.):  Comp Vision

Credit hours: 3

Program of Record: Computer Science

Repeatable for Credit?  ___ D=Yes, not within same term  Up to hours
___ T=Yes, within the same term  Up to  hours
_ X__ N=Cannot be repeated for credit

Activity Code (please indicate):  _X__ 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) ____ GA(700+) _X__

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:
Last term offered: 04B  Previous Course Abbreviation: n/a  Previous number: n/a

Description of modification: Change course number from 835 to 780

APPROVAL SIGNATURES:
Submitted by:  _______Daniel Barbara___________ email: _dbarbara@gmu.edu

Department/Program:  __________________________________________ Date: __________________

College Committee:  __________________________________________ Date: __________________

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: __________