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

Course Abbreviation: CS

Graduate Council Approval Date:

Course Number: 844

Full Course Title: Pattern Recognition

Abbreviated Course Title (24 characters max.):

Credit hours:

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

Program of Record:

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:

Last term offered: Previous Course Abbreviation: Previous number: CS 844

Description of modification: number changes to CS 775 (please continue to crosslist with ECE 749 and IT 844).

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: __________________
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: __________