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: 858  

Full Course Title: Logic Models in AI  

Abbreviated Course Title (24 characters max.): 

Credit hours:  

Program of Record:  

Repeatable for Credit?  

___ D=Yes, not within same term  

___ T=Yes, within the same term  

___ 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: 858  

Description of modification: 

APPROVAL SIGNATURES  

Submitted by:  

___ Harry Wechsler_____ email: ____wchsler@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.

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Graduate Council approval: _____________________________________________  Date: ____________
Graduate Council representative: ________________________________________ Date: __________
Provost Office representative: _________________________________________ Date: __________