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   Graduate Council Approval Date:

Course Abbreviation: CS   Course Number: 915

Full Course Title: Research Topics in Parallel Computation

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: 915

Description of modification: title change

APPROVAL SIGNATURES:
Submitted by: _____ Harry Wechsler_______ email: ___wechsler@cs.gmu.edu___

Department/Program:   Arum Sood Date: 08/26/2005

College Committee:   Daniel Menasce Date: 09/01/2005

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: __________