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: CAS Dept of Geography  Graduate Council Approval Date:

Course Abbreviation: GEOG  Course Number: 550

Full Course Title: Geospatial Science Fundamentals

Abbreviated Course Title (24 characters max.): Geospatial Fundamentals

Credit hours: 3  Program of Record: Geography

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) _X__ GA(700+)

Maximum Enrollment: 20  For NEW courses, first term to be offered:

Prerequisites or corequisites:

Graduate standing.

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses:
Introduces students to the geospatial sciences, emphasizing the concepts and theories of cartography, remote sensing especially air photo interpretation, Global Positioning Systems, spatial data structures, and geographic information systems. Lectures accompanied by hands-on exercises. Only available for students without previous course work in cartography.

For MODIFIED or DELETED courses as appropriate:
Last term offered: Fall, 2003  Previous Course Abbreviation: ?Intro to GIScience  Previous number: 550

Description of modification:

Title change and course description change, see attached memo.

APPROVAL SIGNATURES:
Submitted by:  ________________________________ email: __________________
GEORGE MASON UNIVERSITY  
Course Coordination Form

**Approval from other units: None**

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: ________