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: 553

Full Course Title: Geographic Information Systems

Abbreviated Course Title (24 characters max.): Geog. Infor. Systems

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:

GEOG 550 or a course in cartography.

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses.:

Sources of digital geospatial data, methods of input, storage, display and processing of spatial data for geographic analysis using Geographic Information Systems. Lectures accompanied by hands-on exercises to familiarize students with current technology.

For MODIFIED or DELETED courses as appropriate:

Last term offered: Spring, 2003  Previous Course Abbreviation: ?Adv GIScience Previous number: 553

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: __________