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: 562

Full Course Title: Photogrammetry

Abbreviated Course Title (24 characters max.): Photogrammetry

Credit hours: 3  Program of Record: Geography

Repeattable 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:

GEOG 412 or 550 or permission of instructor

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses.: (no change)

Treatment of photogrammetric problems, including least squares adjustments, image coordination refinements, collinearity equation, resection, relative orientation, and analytic aerotriangulation.

For MODIFIED or DELETED courses as appropriate:

Last term offered: Spring, 2003  Previous Course Abbreviation: Photogrammetry  Previous number: 562

Description of modification:

Change in prerequisite, see attached memo.

APPROVAL SIGNATURES:
Submitted by: ________________________________ email: __________________

Department/Program: ________________________________ Date: __________________
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: __________