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: 579

Full Course Title: Remote Sensing

Abbreviated Course Title (24 characters max.): Remote Sensing

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:

GEOG 412 or 550 or equivalent.

Prerequisites or corequisites:

GEOG 412 or 550 or equivalent.

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

Examines use of various types and combinations of electromagnetic energy to obtain spatial information. Concentrates on non-photographic and space-borne platforms and sensors. Examines essential operational parameters for existing and future systems for visual extraction of features.

For MODIFIED or DELETED courses as appropriate:
Last term offered: Fall, 2003
Previous Course Abbreviation: Remote Sensing
Previous number: 579

Description of modification:

Change in prerequisite, see attached note.

APPROVAL SIGNATURES:
Submitted by: ________________________________ email: __________________
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: __________