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: 656

Full Course Title: Terrain Mapping

Abbreviated Course Title (24 characters max.): Terrain Mapping

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 553 or equivalent or POI.

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

This course covers the fundamental methods of digitally representing terrain data, major technologies and programs for generating terrain data, methods for quantifying terrain error and assessing terrain data quality, and a variety of applications.

For MODIFIED or DELETED courses as appropriate:
Last term offered: Many Years? Previous Course Abbreviation: Terrain Mapping Previous number: 656

Description of modification:

Modernize course description and prerequisite.

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: __________