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: Information and Software Engr  Graduate Council Approval Date:

Course Abbreviation: INFS  Course Number: 612

Full Course Title: Data Communication and Distributed Processes (in Schedule of Classes) *

Abbreviated Course Title (24 characters max.): M.S. in

Credit hours: 3  Program of Record: Information Systems

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: 40  For NEW courses, first term to be offered:
Prerequisites or corequisites: INFS 501, 515 and 590 or equivalent

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

For MODIFIED or DELETED courses as appropriate:
Last term offered: 03F  Previous Course Abbreviation: INFS  Previous number: 612

Description of modification: * Change title to: Principles and Practices of Communication Networks

APPROVAL SIGNATURES:
Submitted by: ________________________________ email: __________________

Department/Program: ________________________________ Date: __________________

College Committee: ________________________________ Date: __________________

Graduate Council Representative: ________________________________ Date: __________________
GEORGE MASON UNIVERSITY
Course Coordination Form

Approval from other units:

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: __________