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 & Software Engr Dept   Graduate Council Approval Date: August 24, 2004

Course Abbreviation: INFS   Course Number: 623

Full Course Title: Information Retrieval

Abbreviated Course Title (24 characters max.):

Credit hours: 3   Program of Record: M.S. 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+) _x__

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. Study of models and methods for storage and retrieval of unstructured information, such as documents. Topics include information retrieval models, automatic indexing, document clustering, statistical thesauri, search techniques, performance measurement, answer visualization, and search engines for retrieval from the World Wide Web.

For MODIFIED or DELETED courses as appropriate:
Last term offered: Fall 2004  Previous Course Abbreviation: Same   Previous number: Same

Description of modification: Change title to read “Classical and Web Information Retrieval”

APPROVAL SIGNATURES:
Submitted by: Daniel Barbara   email: dbarbara@gmu.edu

Department/Program: ________________________________ Date: __________________

College Committee: ________________________________ Date: __________________

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

**Approval from other units:** NO OTHER UNITS AFFECTED.

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: __________