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: 755

Full Course Title: Decision Support Database Systems (in Schedule of Classes) *

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

Credit hours: 3  
Program of Record: Information Systems

Repealtable 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)  ___ GA(700+)  ___

Maximum Enrollment: 40  

For NEW courses, first term to be offered:

Prerequisites or corequisites: INFS 614 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: 755

Description of modification: * Change title to: Data Warehousing and Mining.

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: _________