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: 770

Full Course Title: Methods for Information Systems Engineering (in Schedule of Classes) *

Abbreviated Course Title (24 characters max.):  
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) ____ GA(700+) ____

Maximum Enrollment: 40  
For NEW courses, first term to be offered:  
Prerequisites or corequisites: INFS 622.

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: 770

Description of modification:  * Change title to: Knowledge Management for E-Business.

APPROVAL SIGNATURES:  
Submitted by:  
Department/Program:  
College Committee:  
Graduate Council Representative:  
email:  
Date:  
Date:  
Date:  
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: ____________