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    ___**__ MODIFY    ____ DELETE

Local Unit:     ISE    Graduate Council Approval Date:  

Course Abbreviation:  ISA    Course Number:  666

Full Course Title:  Internet Security Protocols

Abbreviated Course Title (24 characters max.): Internet Security Protocols

Credit hours:    3    Program of Record:  MS Information Security and Assurance

Repeatable for Credit?  ___ N = Cannot be repeated for credit

Activity Code (please indicate):    ___ 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

Prerequisites or corequisites:  INFS 612 or equivalent

Catalog Description (35 words or less )


For MODIFIED or DELETED courses as appropriate:

Last term offered:  Spring 2004    Previous Course Abbreviation:  INFS    Previous number:  766

Description of modification:  New designation

APPROVAL SIGNATURES:

Submitted by:  Francesco Parisi-Presicce    email: fparisip@gmu.edu

Department/Program:  ISE/ MS Info. Security and Assurance    Date:  October 29, 2003

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: __________