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:  697

Full Course Title:  Topics in Information Security

Abbreviated Course Title (24 characters max.):  Topics in Info Security

Credit hours: 1-6  Program of Record:  MS Information Security and Assurance

Repeatable for Credit?  ___ D=Yes, not within same term  Up to hours
* ___ T=Yes, within the same term  Up to hours
___ 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  1-6 : 1-6 : 0  Course Level:  GF(500-600)  ___  GA(700+)

Maximum Enrollment: 40  For NEW courses, first term to be offered:  FALL 2004
Prerequisites or corequisites:  Permission of Instructor

Catalog Description (35 words or less)

ISA 697 Topics in Information Security (3 : 3 : 0). Prerequisites: Permission of Instructor. Special topics in information security and assurance not occurring in the regular ISA sequence are presented. May be repeated for credit when distinct offerings of the course differ in subject.

For MODIFIED or DELETED courses as appropriate:
Last term offered:  Previous Course Abbreviation:  Previous number:
Description of modification:

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: __________