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:  767

Full Course Title: Secure Electronic Commerce

Abbreviated Course Title (24 characters max.): Secure Electronic Commerce

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: ISA 662 and ISA 666.

Catalog Description (35 words or less )


For MODIFIED or DELETED courses as appropriate:

Last term offered: Spring2004  
Previous Course Abbreviation:  INFS  
Previous number:  767

Description of modification: New designation

APPROVAL SIGNATURES:

Submitted by: Francesco Parisi-Presicce  
Department/Program: ISE/ MS Info. Security and Assurance  
Date: October 29, 2003

College Committee:  
Graduate Council Representative:
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: _________