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: 797

Full Course Title: Advanced Topics in Information Security

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

Credit hours: 3
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

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            For NEW courses, first term to be offered: FALL 2004
Prerequisites: Permission of Instructor

Catalog Description (35 words or less)

ISA 797 Advanced Topics in Information Security (3 : 3 : 0). Prerequisites: Permission of Instructor.
Special advanced topics not occurring in the regular ISA sequence. 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.

<table>
<thead>
<tr>
<th>Unit:</th>
<th>Head of Unit’s Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Graduate Council approval: ________________________________ Date: ______

Graduate Council representative: __________________________ Date: ______

Provost Office representative: ____________________________ Date: ______