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: 798

Full Course Title: Research Project

Abbreviated Course Title (24 characters max.): Research Project

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: N/A  For NEW courses, first term to be offered: FALL 2004
Prerequisites: 18 hours of credit applicable towards M.S. or permission of instructor

Catalog Description (35 words or less)

ISA 798 Research Project (3:3 0) Prerequisites: 18 hours of credit applicable towards M.S. or permission of instructor. Research project chosen under the guidance of a full-time graduate faculty member, resulting in a written technical report. Prior approval required by a faculty sponsor who supervises the student's work. (To register, the student must complete an independent study form, available in the department office. The form must be initialed by the faculty sponsor and approved by the department chairman.)

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: __________