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 ____X__ MODIFY _____ DELETE

Local Unit: IT Graduate Council Approval Date:

Course Abbreviation: IT Course Number: 811

Full Course Title: Research Topics in Machine Learning and Influence

Abbreviated Course Title (24 characters max.): Machine Learning Influence

Credit hours: Program of Record:

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: Course Level: GF(500-600) ____ GA(700+) ____

Maximum Enrollment: 20 For NEW courses, first term to be offered:

Prerequisites or corequisites:

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses.:

For MODIFIED or DELETED courses as appropriate:
Last term offered: Previous Course Abbreviation: IT Previous number: 811

Description of modification: title change

APPROVAL SIGNATURES:
Submitted by: _______Harry Wechsler_______ email: _wechsler@gmu.edu_____

Department/Program: _______Arum Sood_______ Date: _____08/26/05_______

College Committee: _______Daniel Menasce_______ Date: ____9/01/05_______

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: __________