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 ______X____ DELETE

Local Unit: IT Graduate Council Approval Date:

Course Abbreviation: IT Course Number: 812

Full Course Title: Advanced Natural Language Processing

Abbreviated Course Title (24 characters max.):

Credit hours: Program of Record:

Repeatable for Credit? ___ D=Yes, not within same term ___ T=Yes, within the same term ___ N=Cannot be repeated for credit Up to hours

Activity Code (please indicate): ___ Lecture (LEC) ___ Studio (STU) ___ Recitation (RCT) ___ Lab (LAB) ___ Internship (INT) ___ Independent Study (IND) ___ Seminar (SEM) Up to hours

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: not taught Previous Course Abbreviation: IT Previous number: 812

Description of modification:

APPROVAL SIGNATURES:
Submitted by: ______Harry Wechsler__________ email: _wechsler@gmu.edu_

Department/Program: _______Arum Sood____________ Date: _______8/26/05_________

College Committee: _______Daniel Menasce____________ Date: _______9/01/05_________

Graduate Council Representative: _______________________________ Date: ___________________
**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: __________