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: 815

Full Course Title: Parallel Computation

Abbreviated Course Title (24 characters max.):

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: Remove IT 816 as prerequisite

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: 815

Description of modification: prerequisite change

APPROVAL SIGNATURES:
Submitted by:  _____Harry Wechsler___________ email: _wechsler@cs.gmu.edu_

Department/Program:  _____Arum Sood___________ Date: ___08/26/05____

College Committee:  _____Daniel Menasce___________ Date: ___09/01/05____

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: __________