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: IT  Graduate Council Approval Date:

Course Abbreviation: IT  Course Number: 816

Full Course Title: Parallel Architecture, Algorithms, and Applications

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: _____________________________________________________________________

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: (some)

Last term offered:  Previous Course Abbreviation:  Previous number: IT 816

Description of modification:

APPROVAL SIGNATURES:
Submitted by: __________ Harry Wechsler ________ email: __wechsler@cs.gmu.edu__

Department/Program: __________ Arum Sood ________ Date: ___8/26/05_____

College Committee: __________ Daniel Menasce ________ Date: ___9/1/05____

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: ____________