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: 858

Full Course Title: Logic Models in AI

Abbreviated Course Title (24 characters max.):

Credit hours:  
Program of Record:

Repeateable 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:

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: 858

Description of modification:

APPROVAL SIGNATURES
Submitted by:  ___ Harry Wechsler _____ email: ___ wchsler@cs.gmu.edu _____

Department/Program:  ___ Arum Sood ________________ Date: 08/26/05 ______________

College Committee:  ___ Daniel Menasce ______________ Date: ___ 09/01/05 ____

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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<th>Head of Unit’s Signature:</th>
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Graduate Council approval: ________________________________ Date: ____________
Graduate Council representative: __________________________ Date: ____________
Provost Office representative: ____________________________ Date: ____________