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: 910

Full Course Title: Research Topics in Artificial Intelligence

Abbreviated Course Title (24 characters max.): Research Topics in AI

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)  ___ 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:  910

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:  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: __________