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: 915

Full Course Title: Research Topics in 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

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: 915

Description of modification: title change

APPROVAL SIGNATURES:
Submitted by:  Harry Wechsler  email: wechsler@cs.gmu.edu

Department/Program:  Arum Sood  Date: 08/26/2005

College Committee:  Daniel Menasce  Date: 09/01/2005

Graduate Council Representative:  

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: __________