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  ____ DELETE

Local Unit:  Mathematical Sciences  Graduate Council Approval Date:

Course Abbreviation:  Math  Course Number:  622

Full Course Title:  Algebra II

Abbreviated Course Title (24 characters max.):  Algebra II

Credit hours:  3  Program of Record:  Masters in Mathematics

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  3:3:0  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: Spring 2000  Previous Course Abbreviation:  Previous number:

Description of modification:

APPROVAL SIGNATURES:

Submitted by:  ________________________________ email:  ________________

Department/Program:  ________________________________ Date:  __________________

College Committee:  ________________________________ Date:  __________________

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: ____________