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:  Mathematical Sciences  Graduate Council Approval Date:

Course Abbreviation:  Math  Course Number:  623

Full Course Title:  Algebraic Coding Theory

Abbreviated Course Title (24 characters max.):  Algebraic Coding Theory

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
_ X_ N=Cannot be repeated for credit

Activity Code (please indicate):  _ X_ 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)  _ X__ 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: ____________