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: 632

Full Course Title: Topology II

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

Credit hours: 3  

Program of Record: Masters in Mathematics

Repeatable for Credit?  

___ D=Yes, not within same term  

___ T=Yes, within the same term  

_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: ____________