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: 662

Full Course Title: Complex Analysis

Abbreviated Course Title (24 characters max.): Complex Analysis

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: __________