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:  SCS  
Graduate Council Approval Date: 

Course Abbreviation:  NEUR  (from CSI)  
Course Number:  735

Full Course Title:  Computational Neuroscience Systems

Abbreviated Course Title (24 characters max.):  Computational Neuroscience Systems

Credit hours:  3  
Program of Record:  Neuroscience Ph.D.

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)  ___ GA(700+)  __X__

Maximum Enrollment:  15  
For NEW courses, first term to be offered:

Prerequisites:  NEUR 734 or permission of instructor

Catalog Description (35 words or less):  Intensive introduction to systems neuroscience from a quantitative perspective. Computational techniques used to study and understand networks of neurons will be addressed. Spike train statistics, neural encoding, and information theory will be used to investigate behaviors that emerge from integrated actions of networks of neurons.

For MODIFIED or DELETED courses as appropriate:

Description of modification:  Change number from CSI 735 to NEUR 735. Also change prerequisites and catalog description.

APPROVAL SIGNATURES:

Submitted by:  ________________________________ email:  _avrama@gmu.edu________

Department/Program:  ________________________________ Date:  __________________

College Committee:  ________________________________ Date:  __________________

Graduate Council Representative:  ________________________________ Date:  __________________