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:  School of Public Policy  Graduate Council Approval Date:

Course Abbreviation: PUBP  Course Number: 872

Full Course Title: Managing Knowledge-Based, Information-Intensive Organizations

Abbreviated Course Title (24 characters max.): Mng Knowl-Bsd Inf Orgs

Credit hours: 4  Program of Record:

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  4:3:0  Course Level: GF(500-600)  ___ GA(700+)  ___

Maximum Enrollment: 15  For NEW courses, first term to be offered:
Prerequisites or corequisites: PUBP871 or permission of instructor

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses:
Deals with challenges of planning, creating, integrating, and managing contemporary information technology-enabled public and private sector organizations and of managing the relationships between public and private enterprises enabled by information technology initiatives (Enterprise Resource Planning, E-Government, E-Commerce, etc.).

For MODIFIED or DELETED courses as appropriate:
Last term offered: Spring 2005  Previous Course Abbreviation: PUBP  Previous number: 872

Description of modification: change to course title, description

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: ____________