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  _XX_ MODIFY  _____ DELETE

Local Unit:  ISE  Graduate Council Approval Date:

Course Abbreviation:  SWE  Course Number: 637

Full Course Title:  Software Testing

Abbreviated Course Title (24 characters max.):  Software Testing

Credit hours: 3  Program of Record:  Software Engineering

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: 40  For NEW courses, first term to be offered:
Prerequisites or corequisites:  SWE 619

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses. Concepts and techniques for testing software and assuring its quality. Topics cover software testing at the unit, module, subsystem, and system levels; automatic and manual techniques for generating and validating test data; the testing process; static vs. dynamic analysis; functional testing; inspections; and reliability assessment.

For MODIFIED or DELETED courses as appropriate:
Last term offered:  Fall 2004  Previous Course Abbreviation:  Software Test/Qual Assur Previous number: 637

Description of modification: Changed name to reflect current emphasis in course

APPROVAL SIGNATURES:
Submitted by:  __Jeff Offutt____________________ email:  __ofut@gmu.edu____

Department/Program:  _____________________________ Date:  __________________

College Committee:  _____________________________ Date:  __________________

Graduate Council Representative:  _____________________________ Date:  ________________
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: ___________