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: IT&E

Graduate Council Approval Date:

Course Abbreviation: SYST Course Number: 571

Full Course Title: Systems Engineering Management

Abbreviated Course Title (24 characters max.):

Credit hours: 3 Program of Record: MS in SE

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 : : Course Level: GF(500-600) ____ GA(700+) ____

Maximum Enrollment: 20

For NEW courses, first term to be offered:

Prerequisites or corequisites:

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: 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: ____________