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: 572

Full Course Title: Introduction to Systems Integration Engineering

Abbreviated Course Title (24 characters max.):

Credit hours: 3  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__ 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:  

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:  F 03  Previous Course Abbreviation: SYST  Previous number: 572

Description of modification:  This course is being replaced by the new course SYST 623 /ECE 675 System Integration and Architecture Evaluation

APPROVAL SIGNATURES:

Submitted by:  ________________________________  email: ________________

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: __________