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:  IT&E  Graduate Council Approval Date:

Course Abbreviation:  SYST (add ECE)  Course Number:  621 (add ECE 674)

Full Course Title: Systems Architecture for Large Scale Systems (current title)  
System Architecture Design (new title)
Abbreviated Course Title (24 characters max.): System Architecture Design

Credit hours:  3  Program of Record:  MS in SE; add MS in EE

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):  _3__ 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:  50  For NEW courses, first term to be offered:
Prerequisites:  SYST 619 or ECE 672  Corequisites: SYST 620 or ECE 673

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses.:  Unchanged

For MODIFIED or DELETED courses as appropriate:
Last term offered: Fall 03  Previous Course Abbreviation: SYST  Previous number: 621

Description of modification:
Shortening of title; change in prerequisites/corequisites; cross-listing with ECE

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: __________