GEORGE MASON UNIVERSITY
Graduate Council NEW Certificate, Concentration, Track or Degree Program
Coordination/Approval Form
(Please complete this form and attach any related materials. 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. If no coordination with other units is requires, simply indicate “None” on the form.

Title of Program/Certificate, etc.: Accelerated BIS/MS in Telecommunications Program
Level (Masters/Ph.D.): Combined undergraduate and master’s program

Please Indicate: ___X___ Program ______ Certificate _______ Concentration _____ Track

Description of certificate, concentration or degree program:
Please attach a description of the new certificate or concentration. Attach Course Inventory Forms for each new or modified course included in the program. For new degree programs, please attach the SCHEV Program Proposal submission.

Please list the contact person for this new certificate, concentration, track or program for incoming students: The contacts are Heather Meyers (BIS) and Jeremy Allnutt (MS in TCOM)

Approval from other units:
Please list those units outside of your own who may be affected by this new program. Each of these units must approve this change prior to its being submitted to the Graduate Council for approval.

<table>
<thead>
<tr>
<th>Unit: BIS</th>
<th>Head of Unit’s Signature: Heather Meyers</th>
<th>Date:</th>
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<tbody>
<tr>
<td></td>
<td>Head of Unit’s Signature: Jeremy Allnutt</td>
<td>Date:</td>
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<tr>
<td>Unit: CA&amp;S undergraduate programs</td>
<td>Head of Unit’s Signature: Dee Holisky</td>
<td>Date:</td>
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<tr>
<td>Unit: ECE graduate committee &amp; faculty</td>
<td>Head of Unit’s Signature: Andre Manitius</td>
<td>Date:</td>
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Submitted by: ____________Jeremy Allnutt____________________ Email: _jallnutt@gmu.edu_
Graduate Council approval: _______________________________ Date: _____________
Graduate Council representative: _______________________________ Date: _____________
Provost Office representative: _______________________________ Date: _____________