GEORGE MASON UNIVERSITY

Course Approval Form

For approval of new courses and deletions or modifications to an existing course.

registrar.gmu.edu/facultystaff/curriculum

Action Requested:

[ ] Create new course [ ] Delete existing course

[x] Modify existing course (check all that apply)

[ ] Title [ ] Credits [ ] Repeat Status [ ] Grade Type

[ ] Prereq/coreq [ ] Schedule Type [ ] Restrictions

[x] Other: Removal of crosslist

Course Level:

[ ] Undergraduate

[x] Graduate

College/School: College of Science **Department:** Computational and Data Science

Submitted by: Dimitris Papaconstantopoulos **Ext:** 3.3624 **Email:** dpapacon@gmu.edu

Subject Code: CSI **Number:** 979 **Effective Term:** [x] Fall [ ] Spring *Year* 2011 [ ] Summer

(Do not list multiple codes or numbers. Each course proposal must have a separate form.)

Title: Current Advanced Topics in Computational Statistics

Banner (30 characters max including spaces)

New

Credits: (check one) [ ] Fixed or [ ] Variable ___ to ___

Repeat Status: (check one) [ ] Not Repeatable (NR) [ ] Repeatable within degree (RD) [ ] Repeatable within term (RT) Maximum credits allowed: ___

Grade Mode: (check one) [ ] Regular (A, B, C, etc.) [ ] Satisfactory/No Credit [ ] Special (A, B C, etc. +IP)

Schedule Type Code(s): (check all that apply) [ ] Lecture (LEC) [ ] Lab (LAB) [ ] Recitation (RCT) [ ] Internship (INT) [ ] Independent Study (IND) [ ] Seminar (SEM) [ ] Studio (STU)

Prerequisite(s):

Corequisite(s):

Instructional Mode:

[ ] 100% face-to-face

[ ] Hybrid: ≤ 50% electronically delivered

[ ] 100% electronically delivered

Special Instructions: (list restrictions for major, college, or degree;hard-coding; etc.)

Are there equivalent course(s)?

[ ] Yes [ ] No

If yes, please list ___

Catalog Copy for NEW Courses Only (Consult University Catalog for models)

Description (No more than 60 words, use verb phrases and present tense)	**Notes** (List additional information for the course)
	Removal of STAT 979 as a crosslist

Indicate number of contact hours: Hours of Lecture or Seminar per week: ___ Hours of Lab or Studio: ___

When Offered: (check all that apply) [ ] Fall [ ] Summer [ ] Spring

Approval Signatures

_____ Department Approval Date

_____ College/School Approval Date

If this course includes subject matter currently dealt with by any other units, the originating department must circulate this proposal for review by those units and obtain the necessary signatures prior to submission. Failure to do so will delay action on this proposal.

Unit Name	Unit Approval Name	Unit Approver's Signature	Date

For Graduate Courses Only

_____ Graduate Council Member Provost Office Graduate Council Approval Date

For Registrar Office's Use Only: Banner_____Catalog_____ *revised 2/2/10*