GEORGE MASON UNIVERSITY

Course Approval Form

Action Requested:

- [ ] Create new course
- [ ] Inactivate existing course
- [X] Modify existing course (check all that apply)

[ ] Title	[ ] Credits	[ ] Repeat Status	[ ] Grade Type
[x] Prereq/coreq	[ ] Schedule Type	[ ] Restrictions	
[ ] Other:			

Course Level:
- [ ] Undergraduate
- [x] Graduate

College/School: College of Science   **Department:** CDS
Submitted by: Matthias Renz   **Ext:** 3-5873   **Email:** mrenz@gmu.edu

Subject Code: CSI   **Number:** 854   **Effective Term:**
- [ ] Fall
- [x] Spring   *Year* 2017
- [ ] Summer

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

Title:
Current: Hyperspectral Images Applications
Banner (30 characters max w/ spaces):
New:

Fulfills Mason Core Req? (undergrad only)
- [ ] Currently fulfills requirement
- [ ] Submission in progress

Credits: (check one)
- [ ] Fixed ____
- [ ] 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: (check one) LEC can include LAB or RCT
- [ ] Lecture (LEC)
- [ ] Lab (LAB)
- [ ] Recitation (RCT)
- [ ] Internship (INT)
- [ ] Independent Study (IND)
- [ ] Seminar (SEM)
- [ ] Studio (STU)

Prerequisite(s):
Permission of instructor

Corequisite(s):

Instructional Mode:
- [ ] 100% face-to-face
- [ ] Hybrid: ≤ 50% electronically delivered
- [ ] 100% electronically delivered

Restrictions Enforced by System: Major, College, Degree, Program, etc**.** (include code)

Equivalencies: (check only as applicable)
- [ ] YES, course is 100% equivalent to: _____
- [ ] YES, course is being renumbered to/will replace the following: _____

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)

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

11/17/2016
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

Course Proposal Submitted to the College of Science Curriculum Committee (COSCC)

The form above is processed by the Office of the University Registrar. This second page is for the COSCC's reference. Please complete the applicable portions of this page to clearly communicate what the form above is requesting.

FOR ALL COURSES (required)

Course Number and Title: 854 Hyperspectral Imaging Applications

Date of Departmental Approval: 11/17/2016

FOR MODIFIED COURSES
- Summary of the Modification:
  Text before Modification (prerequisites): CSI 753 or equivalent or permission of instructor.
- Text after Modification (prerequisites): Permission of instructor
- Reason for the Modification:

 The CSI 753 has been deleted a few years ago but the update was not done in the prerequisites of this course. This is a specialized course and needs the permission of instructor to register. Instructors will be able to determine if the student has enough prior background to take the course.