



E-mail this form to csglad@gmu.edu (MS CS & MS SWE) or csphd@gmu.edu (PhD CS)

Last Name, First Name

G#

GMU E-mail

Select your program:

- PhD CS MS CS MS SWE

Course Title (30-character limit): _____

Course number (please use the Master's [Project](#) form for 798 and [Thesis](#) form for 799):

- CS 697 SWE 796 CS 896 (PhD CS students who have completed the breadth requirement)

Credits: _____ (CS 896 is 1 to 6 credits, 697/796 are fixed at 3 credits)

Year: _____ Semester: Fall Spring Summer

Description Required

Please provide a brief description of your course on the second page of this form.

Instructor Last Name, First Name (must be a member of the Graduate Faculty in the CS Department)

Instructor Signature

Date

Program Director

Signature

Date

Department or Associate Chair

Signature

Date

Course Description

In the space provided, write a brief description of your course.