

Program Approval Form

For approval of new programs and deletions or modifications to an existing program.

X Concentratione): Degree Re	ck <u>ALL</u> that apply EV approval requ attlon (Choose		Modify	Type (Check one): B.A. X Master's Ph.D. Undergraduate Graduate Certifi Bachelor's/Acce Master's	B.S. Minor Certificate* cate*
0 - II 10 - b I	University Prov	unot .	Department:	INTO Mason	
College/School: Submitted by:	Christina Brady		Ext: 3-5139	Email:	cbrady12@gmu.edu
Effective Term:	Fall 201	Please note: For students must be fully approved, er	to be admitted to a stered into Banner, a	new degree, minor, cer nd published in the Uni	tificate or concentration, the program versity Catalog.
Justification: (attach separ	each type of path	way offered by INTO Mason for t	he Mechanical Engir	neering (ME) Program.	(Transfer/Accelerated = 1 semester,
Standard = 2 semesters, Co	omprehensive = :	3 semesters, Extension = addition	nal terms beyond the	original program length	1),
		Existing			New/Modified
Program Title: (Required) Title must identify subject matter.	Do not include	Engineering & Computing PW (IN-BS-P005)		
name of college/school/dept. Concentration(s):				Mechanical Engineerin (ME-TPP Transfer) (ME-STD Standard) (ME-CMP Comprehen	
Admissions Standards / Requirements: (Required or from those listed in the University	nly if different			(ME-EXT Extension)	
Degree Requirements: Consult University Catalog for mo separate document if necessary to changes for modifications					
Courses offered via dist	ance:				
TOTAL CREDITS REQUI	RED:				
*For Certificates Only:	Indicate wheth	er students are able to pursue	e on a	Full-time basis	Part-time basis
Approval Sign					
Approvat Sign		Janette K.	Muir 9/25	/17	
Department Apply	9/2 Da	20/11	Date		
If Al-la		unit or is in collaboration with	another unit at Mac	on the originating den	artment must circulate this
proposal for review by	those units and	obtain the necessary signatures	prior to submission.	Failure to do so will dela	ay action on this proposal.
Unit Name		nit Approval Name	Unit Approver's S		Date
VSE	2	haron Caraballo	Shall		9/25/17
1					
For Undergraduate	e Programs	only			
Undergraduate Council Men	nber	Provost Office		Unde	ergraduate Council Approval Date

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Graduate Council Approval Date		Provost Office	Graduate Council Member
			For Graduate Programs Only



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For approval of new programs and deletions or modifications to an existing program.

X Concentration (Choos one): Degree Requirements	pply) required except for minors)	Modify	Type (Check one): B.A. X B Master's Ph.D. Undergraduate Ce Graduate Certifica Bachelor's/Accele Master's	ate*
College/School: University I	Provost	Department:	INTO Mason	
Submitted by: Christina B		Ext: 3-5139	Email:	cbrady12@gmu.edu
Justification: /attach separate docume	must be fully approved, en	tered into Banner, a	and published in the Unive	
Adding a concentration for each type of semesters, Comprehensive = 3 semesters	pathway offered by INTO Mason for t	he Statistics (STIC)	Program. (Transfer/Accel	erated = 1 semester, Standard = 2
semesters, Comprehensive = 3 semesters	is, Extension - additional terms beyo	ing the original prog		
	Existing	D D005)	N	ew/Modified
Program Title: (Required) Title must identify subject matter. Do not include	Engineering & Computing (IN-B	S-P005)		
name of college/school/dept.			Ctatiotics	
Concentration(s):			Statistics (STIC-TPP Transfer)	
			(STIC-STD Standard)	(avian
			(STIC-CMP Comprehen (STIC-EXT Extension)	isive)
Admissions Standards / Application Requirements: (Required only if different from those listed in the University Catalog)	n			
Degree Requirements: Consult University Catalog for models, attach separate document if necessary using track changes for modifications				
Courses offered via distance: (if applicable)				
TOTAL CREDITS REQUIRED:				
*For Certificates Only: Indicate wh	ether students are able to pursue	e on a	Full-time basis	Part-time basis
Approval Signatures				
1 -1 - 1 - 1	Jauntta II	Muir 9/25/	17	
ATTO A APPLIE	9/25/17 Janette K. College/School	Date Date		
Department	Date College/School	Date	·	
If this program may impact anot	her unit or is in collaboration with and obtain the necessary signatures	another unit at Ma	son, the originating depar Failure to do so will delay	tment must circulate this action on this proposal.
Unit Name	Unit Approval Name	Unit Approver's		Date
		CO MA		9/25/17
VSE	Sharon Carabello	My		1111
For Undergraduate Progra	ms only			
Undergraduate Council Member	Provost Office		Under	graduate Council Approval Date

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9TOZ/Z/6 PƏSIAAJ			

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For approval of new programs and deletions or modifications to an existing program.

X Concentration (Chocone): Degree Requirements Admission Standards Other Changes: College/School: University	t apply) al required except for minors) ose	Modify Department:	Type (Check one): B.A. X B.S. Master's Ph.D. Undergraduate Certificate Graduate Certificate* Bachelor's/Accelerated Master's	Other:
Submitted by: Christina	Brady	Ext: 3-5139	Email: cbrady1	2@gmu.edu
Effective Term: Fall Justification: (attach separate documents)	must be fully approved,	nts to be admitted to a entered into Banner, a	new degree, minor, certificate or c and published in the University Cata	concentration, the program alog.
Adding a concentration for each type of	f pathway offered by INTO Mason for	or the Cyber Security E	ngineering (CYSE) Program (Tran	rsfer/Accelerated = 1
semester, Standard = 2 semesters, Con	mprehensive = 3 semesters, Extens	ion = additional terms	beyond the original program length	1).
	Existing	_		
Program Title: (Required)	Engineering & Computing PV		New/Mod	ified
Title must identify subject matter. Do not inclu- name of college/school/dept.	de	•		
Concentration(s):			Cyber Security Engineering	
* *			(CYSE-TPP Transfer)	
			(CYSE-STD Standard) (CYSE-CMP Comprehensive)	
			(CYSE-EXT Extension)	
Admissions Standards / Application Requirements: (Required only if different from those listed in the University Catalog)				
Degree Requirements: Consult University Catalog for models, attach separate document if necessary using track changes for modifications		-		
Courses offered via distance: (If applicable)				
TOTAL CREDITS REQUIRED:				
*For Certificates Only: Indicate wh	ether students are able to pursu	ue on a	Full-time basis Part-tii	me basis
Approval Signatures				
line of the second	7-1-11-11	11:		
Nicht & Sentend	9/25/17 Janette K.	MUIY 9/25/1	17	
Department	Date College/School	Date		
If this program may impact anot	her unit or is in collaboration with	n another unit at Mase	on, the originating department mus	st circulate this
Unit Name	and obtain the necessary signatures Unit Approval Name	7		triis proposal.
	0 . "	Unit Approver's Sig		
VSE	Sharon Caraballo	Sutta	9/25	117
For Undergraduate Progra	ms only			
Undergraduate Council Member	Provost Office		Undergraduate C	ouncil Approval Date

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