George Mason University  
Graduate Course Approval/Inventory Form

Please complete this form and attach a copy of the syllabus for new courses. 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. Complete the Coordinator Form on page 2, if changes in this course will affect other units.

Please indicate:  _____ NEW  ____x_ MODIFY  ____ DELETE

Local Unit: College of Education and Human Development  Graduate Council Approval Date:

Course Abbreviation: EDCD  Course Number: 656

Full Course Title: Diagnosis and Treatment Planning for Mental Health Professionals

Abbreviated Course Title (24 characters max.):

Credit hours: 3  Program of Record: Counseling and Development

Repeatable for Credit?

_ D=Yes, not within same term  Up to hours

_ T=Yes, within the same term  Up to  hours

_ x_ N=Cannot be repeated for credit

Grade Type:  _x_ GR: graduate grading, normal (A, A-, B+, B, C, F, IN, AB)


Activity Code (please indicate):

_ Lecture (LEC)  _ Lab (LAB)  _ Recitation (RCT)

_ Studio (STU)  _ Internship (INT)  _ Independent Study (IND)

Catalog Credit Format  3:3 :0  Course Level: GF(500-600) x___ GA(700+) ____

Maximum Enrollment:  25  For NEW courses, first term to be offered:

Prerequisites or corequisites:

Admission to C&D program, 603

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses: Using actual and hypothetical cases, this course helps the student develop written plans and simulate implementation for overall diagnosis and treatment of clients and their families.

For MODIFIED or DELETED courses as appropriate:

Last term offered: Fall 2004  Previous Course Abbreviation: NA  Previous number: NA

Description of modification: Change prerequisites to Admission to C&D program, 603 or concurrent.

APPROVAL SIGNATURES:

Submitted by:  Regine Talleyrand  email:  rtalleyr@gmu.edu

Department/Program:  Counseling and Development  Date: 5/9/2005

College Committee:  Date:  

Graduate Council Representative:  Date:  

GEORGE MASON UNIVERSITY
Course Coordination Form

Approval from other units:

Please list those units outside of your own who may be affected by this new, modified, or deleted course. Each of these units must approve this change prior to its being submitted to the Graduate Council for approval.

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Graduate Council approval: ______________________________ Date: __________
Graduate Council representative: __________________________ Date: __________
Provost Office representative: _____________________________ Date: __________