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:  Graduate Council Approval Date:

Course Abbreviation: PSYC  Course Number:  810

Full Course Title:  INTELLECTUAL ASSESSMENT

NEW TITLE:  PSYCHOLOGICAL ASSESSMENT I

Abbreviated Course Title (24 characters max.): PSYCH ASSESS I

Credit hours: 4:3:2  Program of Record:

Repeatable for Credit?  ___ D=Yes, not within same term  ___ T=Yes, within the same term  ___ N=Cannot be repeated for credit

Up to hours

Activity Code (please indicate):  _____X_ Lecture (LEC)  _____ Lab (LAB)  _____ Recitation (RCT)

_____ Studio (STU)  _____ Internship (INT)  _____ Independent Study (IND)  _____ Seminar (SEM)

Catalog Credit Format  4:3:2  Course Level:  GF(500-600)  _____ GA(700+)  _____

Maximum Enrollment:  20  For NEW courses, first term to be offered:

Prerequisites or corequisites:  OPEN ONLY TO CLINICAL PSYCHOLOGY PHD STUDENTS.

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses.:

NEW DESCRIPTION:

FIRST COURSE OF REQUIRED TWO-COURSE SEQUENCE THAT PROVIDES COMPREHENSIVE COVERAGE OF PRINCIPLES, STRATEGIES, AND TECHNIQUES OF PSYCHOLOGICAL ASSESSMENT. EMPHASIZES EMPIRICALLY-SUPPORTED METHODS. (OPEN ONLY TO CLINICAL PSYCHOLOGY PHD STUDENTS)

For MODIFIED or DELETED courses as appropriate:

Last term offered: FALL 04  Previous Course Abbreviation:  Previous number:

Description of modification:  NEW TITLE:  PSYCHOLOGICAL ASSESSMENT I

NEW CATALOGUE COPY:  SEE ABOVE
APPROVAL SIGNATURES:
Submitted by: Jerome Short, Associate Chair for Graduate Studies in Psychology    Email: jshort@gmu.edu

Department/Program: ________________________________ Date: __________________
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: ____________