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: 811

Full Course Title: PERSONALITY ASSESSMENT

NEW TITLE: PSYCHOLOGICAL ASSESSMENT II

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

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

Repeatable for Credit?  ___ D=Yes, not within same term  Up to hours

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

___ N=Cannot be repeated for credit

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+) ___X__

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:

Second 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 Ph.D. students).

For MODIFIED or DELETED courses as appropriate:

Last term offered: SPRING 05  Previous Course Abbreviation:  Previous number:

Description of modification: NEW TITLE: PSYCHOLOGICAL ASSESSMENT II

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: __________________
**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: __________