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: 822

Full Course Title: PSYCHOPATHOLOGY I

NEW TITLE: SCIENTIFIC FOUNDATIONS OF CLINICAL PSYCHOLOGY I

Abbreviated Course Title (24 characters max.): SCI FOUND CLIN I

Credit hours: 3:3:0 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 3:3:0 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:

First course of required two-course sequence that provides comprehensive coverage of major psychological problems, including review of empirically-supported interventions. (open only to clinical psychology Ph.D. students).

For MODIFIED or DELETED courses as appropriate:
Last term offered: FALL 04 Previous Course Abbreviation: Previous number:

Description of modification: NEW TITLE: SCIENTIFIC FOUNDATIONS OF CLINICAL PSYCHOLOGY I NEW CATALOGUE COPY: SEE ABOVE
APPROVAL SIGNATURES:
Submitted by: Jerome Short, Associate Chair for Graduate Studies in Psychology  Email: jshort@gu.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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