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: 823

Full Course Title: PSYCHOPATHOLOGY II

NEW TITLE: SCIENTIFIC FOUNDATIONS OF CLINICAL PSYCHOLOGY II

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:

SECOND 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 PHD 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 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: __________________
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: __________