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: 830

Full Course Title: THEORIES OF PSYCHOTHERAPY

NEW TITLE: HISTORY, SYSTEMS, AND THEORIES OF PERSONALITY AND PSYCHOTHERAPY

Abbreviated Course Title (24 characters max.): HISTORY PERSON

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 COPY:

Review of history, systems, and theories of clinical psychology emphasizing traditional theories of personality and psychotherapy.

For MODIFIED or DELETED courses as appropriate:
Last term offered: SPRING 03 Previous Course Abbreviation: Previous number:

Description of modification:

NEW TITLE: HISTORY, SYSTEMS, AND THEORIES OF PERSONALITY AND PSYCHOTHERAPY

NEW CATALOGUE COPY: SEE ABOVE.
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: ____________