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: 831

Full Course Title: COGNITIVE THERAPY

NEW TITLE: SOCIAL-COGNITIVE INTERVENTIONS IN CLINICAL PSYCHOLOGY

Abbreviated Course Title (24 characters max.): SOC-COG INTERVEN

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.:

NO CHANGE

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

Previous number:

Description of modification:

NEW TITLE: SOCIAL-COGNITIVE INTERVENTIONS IN CLINICAL PSYCHOLOGY
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: ____________