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: 881

Full Course Title: Assessment And Psychotherapy Supervision

NEW TITLE: Practicum In Clinical Psychology

Abbreviated Course Title (24 characters max.): PRAC CLIN

Credit hours: 3:3:0

Repeatable for Credit? ___ D=Yes, not within same term Up to hours ___ T=Yes, within the same term Up to 21 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:

Supervised clinical work in a professional psychological services setting. Usually includes practice in psychological assessment and clinical interventions but can include supervision, consultation, and program evaluation.

For MODIFIED or DELETED courses as appropriate:
Last term offered: SPRING 05 Previous Course Abbreviation: Previous number:

Description of modification:

NEW TITLE: PRACTICUM IN CLINICAL PSYCHOLOGY

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: ___________