New Course Request Form

1. Date: 9-15-2013 Department: Psychology

2. Purpose and Nature of Course (include relevant assessment data to support this proposal):

   Provides a systemic approach to understanding how to counsel, which gives psychology students a better foundation for understanding and working with individuals, couples, and families. This approach is widely studied and applicable to numerous psychology related jobs/careers.

3. Prefix: PSY Number: 3303 CIP:__________________

4. Course Title: Marriage and Family Counseling

   Abbreviated Title (for Master Schedule), Maximum 20 spaces

   Marriage Family Couns.

5. Credits (Place number of credits beside appropriate types)

   Credit(s) 3 Undergraduate

   Credit(s) _____ Graduate

   For variable credits, list Minimum Credit _____; Maximum Credits _____

6. Clock Hours: Lecture 3 Recitation 0 Lab 0

   Contract Hours: Lecture 3 Recitation 0 Lab 0

7. To repeat for additional credit (not repeat of previously earned grade), list maximum hours of credit that may be earned over multiple Semesters ______ semester hours.

8. Course Description for Catalog (limit to four sentences):

   This course provides an examination of various theories and models of intervention within couples and families, with strong emphasis on systems theory. Course content addresses normal family development and systemic problems. Students will learn to describe, explain, and apply theories to case scenarios, role-plays and other demonstrative exercises.

9. Prerequisites: (Courses which MUST be completed prior to taking this course) PSY 1101 and must have 15 credits

10. Co-requisites: (Courses which must be taken prior to or simultaneously with) __________

11. If taught dual-level or cross-listed with another department, list:

    Prefix _____ Number _____Support Signature ________________________________

    If dual-level, attach a document that indicates content, assignments and assessments for graduate and undergraduate courses.

12. List Student Learning Outcomes and describe evaluation techniques for this course in an attached syllabus: {See attached}

13. Courses to be eliminated: (Course deletion form must be completed):

    Prefix _____ Number _____
If none: How will increased offerings be staffed?

13. New faculty resources needed? ____Yes  X No

14. Requested initial date of offering (Must meet new catalog deadline of March 1) Spring 2014

15. Estimated Frequency of Offering: One time a year

16. New Library Resources Needed? ____Yes  X No  If yes:  
Signature of appropriate librarian indicating needs can be met:

17. New Technology Resources Needed? ____Yes  X No, if yes:
Signature of Director of Information Technology indicating needs can be met:

18. New Equipment resources needed? ____Yes  X No, if yes:  
Describe Equipment: ____________________________________________
Source of funding: ________________________________________________

19. List 1 – 3 sample textbooks for this course:

20. Describe any student enrollment restrictions (limited to majors in program XXX, restricted from majors in program XXX, etc.)

21. Request that Course be considered for General Education Credit. Please check applicable boxes.
   a. _____ Satisfy Foundation of Knowledge Requirement
      i. _____Written Communication
      ii. _____Oral Communication
   b. _____ Satisfy Approaches of Knowledge Requirement
      i. _____Humanities
      ii. _____Mathematics
      iii. _____Natural Sciences
      iv. _____Social and Behavioral Sciences
   c. _____ Satisfy Unity and Diversity of Humanity
      i. ______Language other than English
      ii. ______Western and Non Western Global Cultures
      iii. ______Strand 1 Ethics and Civic Responsibility
      iv. ______Strand 2 Environmental, Economic, Social, and Personal Sustainability
v. Strand 3 Arts and Human Experience

You must submit a separate application for General Education Credit.

22. Does this course impact any Education Programs? _____ Yes _____ No

   If Yes: Signature of Chair of TEC must appear below.

23. Special Needs, if any:

   Recommendation Dates and Signatures:

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<tr>
<th>Department:</th>
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<tr>
<td>TEC (if any education program):</td>
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<td>Gen’l Education Subcomm. (If necessary):</td>
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<td>Graduate Council (If necessary):</td>
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<td>Academic Affairs Committee:</td>
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<td>University Senate:</td>
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<td>President:</td>
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   MU Form A41N – Effective 4/1/01