New Course Request Form

1. Date: ___9/17/13___________ Department: Psychology

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

Positive psychology is the fastest growing and most recent sub-development in the science of psychology. A course in this is necessary to keep Mansfield University students current in their psychology education.

3. Prefix: ___PSY_______ Number: ___3319_________ CIP: ____________________

4. Course Title: Positive Psychology

   Abbreviated Title (for Master Schedule), Maximum 20 spaces

Positive Psychology

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

Credit(s) _3.0____ Undergraduate
Credit(s) _ ______ Graduate

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

6. Clock Hours:       Lecture _3_____       Recitation _____       Lab _____

Contract Hours:       Lecture _3_____       Recitation _____       Lab _____

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):

An overview of current research in the area of positive psychology. Specific attention will be paid to areas of human positivity, happiness, resilience and flow. Student readings and reflective work will reinforce theoretical concepts and personal understanding.

9. Prerequisites: (Courses which MUST be completed prior to taking this course)

_PSY1101_

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

__NA_____

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

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

13. New faculty resources needed? _____Yes xx No
14. Requested initial date of offering
(Must meet new catalog deadline of March 1) __Summer 2014__
15. Estimated Frequency of Offering: ______1x yearly____
16. Library Resources Needed? _____Yes xx No If yes:
Signature of appropriate librarian indicating needs can be met:

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

18. New Equipment resources needed? _____Yes xx 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.): 45 student limit
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.  ___XXX___ 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. ___XXX__ 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  ___XXX___ No

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

23. Special Needs, if any:

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<th>Recommendation Dates and Signatures:</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Department:</td>
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<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