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# **graduate COMMITTEE curriculum PROPOSAL FORM**

## A. Cover page (rover over text for more instructions- please delete red instructions)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A.1[. Course or program](#_acknowledge) | Clinical Mental Health Counseling | | | |  |
| Academic Unit | School of Education | | | |  |
| A.2. [Proposal type](#type) | Schedule revisions | | | |  |
| A.3. [Originator](#Originator) | Kalina Brabeck | | [Home department](#home_dept) | CEP | |
| A.4. [Rationale](#Rationale)  Additional Information for [new programs](#type) | We are doing a “clean up” in the catalogue to more accurately reflect the semesters when two courses (CEP 656, CEP 648) are offered. | | | | |
| A.5. [Student impact](#student_impact) | There is no student impact; students are already taking these courses in the semesters we are requesting that the catalogue reflect. | | | | |
| A.6. [Impact on other programs](#impact) | These are Counseling courses and do not affect other programs. | | | | |
| A.7. [Resource impact](#Resource) | [Faculty PT & FT](#faculty" \o "Need to hire new full-time or part-time faculty? This is where you indicate if this proposal will be affecting FLH in your department/program.): | No impact; faculty are already teaching the courses in these semesters. | | | |
|  | [Library:](#library) | N/A | | | |
|  | [Technology](#technology) | N/A | | | |
|  | [Facilities](#facilities): | N/A | | | |
| A.8. [Semester effective](#Semester_effective) | Fall or as soon as possible. |
| A.10 [Changes to the website](#Signature_2) | N/A | | | | |

## B. NEW OR REVISED COURSES

**Change 1**

|  | Old ([for revisions only](#Revisions)) ONLY include information that is being revised, otherwise leave blank | New Examples are provided within some of the boxes for guidance, delete just the examples that do not apply. |
| --- | --- | --- |
| B.1. [Course prefix and number](#cours_title) | CEP 656 | SAME |
| B.3. [Course title](#title) | Crisis Assessment and Intervention | SAME |
| B.6. [Offered](#Offered) | Fall | Spring | Summer |

**Change 2**

|  | Old ([for revisions only](#Revisions)) ONLY include information that is being revised, otherwise leave blank | New Examples are provided within some of the boxes for guidance, delete just the examples that do not apply. |
| --- | --- | --- |
| B.1. [Course prefix and number](#cours_title) | CEP 648 | SAME |
| B.3. [Course title](#title) | Assessment & Treatment of Co-occurring Disorders | SAME |
| B.6. [Offered](#Offered) | Summer | Fall | Summer |

## D. Signatures

##### D.1. Approvals:

##### Required from department chairs, program directors, and deans from the academic unit originating the proposal.

| Name | Position/affiliation | [Signature](#_Signature" \o "Insert electronic signature, if available, in this column) | Date |
| --- | --- | --- | --- |
| Monica Darcy | Program Director of Clinical Mental Health Counseling | **Monica G Darcy** | 1/24/24 |
| Monica Darcy | Chair of CEP | **Monica G Darcy** | 1/24/24 |
| Carol Cummings | Dean of FSEHD | Carol A. Cummings | 1/31/24 |

##### D.2. [Acknowledgements](#acknowledge):

##### Required from all departments (and corresponding dean) impacted by the proposal. Signature does not indicate approval. Concerns should be brought to the attention of the graduate committee chair for discussion.

| Name | Position/affiliation | [Signature](#Signature_2) | Date |
| --- | --- | --- | --- |
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