COURSE CHANGE FORM

Complete 1a – 1f & 2a – 2c. Fill out the remainder of the form as applicable for items being changed.

1. General Information.
   a. Submitted by the College of:  EDUC  Today’s Date:  12/20/2011
   b. Department/Division:  EDP
   c. Is there a change in “ownership” of the course?  YES [ ]  NO [X]
      If YES, what college/department will offer the course instead?  
   d. What type of change is being proposed?  [ ] Major  [X] Minor¹
   e. Contact Person Name:  Rory Remer  Email:  RRemer@uky.edu  Phone:  7-7877
   f. Requested Effective Date:  [X] Semester Following Approval  OR  [ ] Specific Term²:  

2. Designation and Description of Proposed Course.
   a. Current Prefix and Number:  EDP 650  Proposed Prefix & Number:  EDP 650
   b. Full Title:  DIAGNOSIS AND PSYCHOPATHOLOGY IN COUNSELING PSYCHOLOGY  Proposed Title:  DIAGNOSIS AND PSYCHOPATHOLOGY IN COUNSELING PSYCHOLOGY
   c. Current Transcript Title (if full title is more than 40 characters):  N/A
   d. Current Cross-listing:  [X] N/A  OR  Currently³ Cross-listed with (Prefix & Number):  
      Proposed – [ ] ADD³ Cross-listing (Prefix & Number):  
      Proposed – [ ] REMOVE³⁴ Cross-listing (Prefix & Number):  
   e. Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours⁵ for each meeting pattern type.

   Current:  
   - [ ] Lecture  [ ] Laboratory⁵  [ ] Recitation  [ ] Discussion  [ ] Indep. Study
   - [ ] Clinical  [ ] Colloquium  [ ] Practicum  [ ] Research  [ ] Residency
   - [ ] Seminar  [ ] Studio  [ ] Other – Please explain:  

   Proposed:  
   - [ ] Lecture  [ ] Laboratory  [ ] Recitation  [ ] Discussion  [ ] Indep. Study
   - [ ] Clinical  [ ] Colloquium  [ ] Practicum  [ ] Research  [ ] Residency
   - [ ] Seminar  [ ] Studio  [ ] Other – Please explain:  

   f. Current Grading System:  [X] Letter (A, B, C, etc.)  [ ] Pass/Fail

¹ See comment description regarding minor course change. Minor changes are sent directly from dean’s office to Senate Council Chair. If Chair deems the change as “not minor,” the form will be sent to appropriate academic Council for normal processing and contact person is informed.
² Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.
³ Signature of the chair of the cross-listing department is required on the Signature Routing Log.
⁴ Removing a cross-listing does not drop the other course – it merely unlinks the two courses.
⁵ Generally, undergrad courses are developed such that one semester hr of credit represents 1 hr of classroom meeting per wk for a semester, exclusive of any lab meeting. Lab meeting generally represents at least two hrs per wk for a semester for 1 credit hour. (See SR 5.2.1.)
### COURSE CHANGE FORM

**Proposed Grading System:**
- [x] Letter (A, B, C, etc.)
- [ ] Pass/Fail

**Current number of credit hours:** 3
**Proposed number of credit hours:** 3

**Current Distance Learning (DL) Status:** N/A
**Already approved for DL:** [ ]
**Please Add:** [ ]
**Please Drop:** [ ]

*If already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box) that the proposed changes do not affect DL delivery.

**Current Supplementary Teaching Component, if any:**
- Community-Based Experience
- Service Learning
- Both

**Proposed Supplementary Teaching Component:**
- Community-Based Experience
- Service Learning
- Both

**Currently, is this course taught off campus?**
- [ ] YES
- [x] NO

**Proposed to be taught off campus?**
- [ ] YES
- [x] NO

**Are significant changes in content/teaching objectives of the course being proposed?**
- [ ] YES
- [x] NO

If YES, explain and offer brief rationale:

---

**Proposed Course Description for Bulletin:**

An integrative seminar in diagnosis and application of theories, techniques and assessment tools in Counseling Psychology. Special consideration of classification of psychological states and characteristics including DSM-IV temperament, analysis, and other research methods of integrating assessment and treatment alternatives. Prereq: EDP 630, 652, and 661 and admission to a program in Educational and Counseling Psychology or consent of the instructor.

**Proposed Prerequisites, if any:**

PSY535 or equivalent, EDP 652, and EDP 661 (all with a “B” or better) and admission to a program in Educational, School, and Counseling Psychology or consent of the instructor.

---

**Current Prerequisites, if any:**

EDP 630, 652, and 661 and admission to a program in Educational and Counseling Psychology or consent of the instructor.

---

**Current Course Description for Bulletin:**

An integrative seminar in diagnosis and application of theories, techniques and assessment tools in Counseling Psychology. Special consideration of classification of psychological states and characteristics including DSM-IV temperament, analysis, and other research methods of integrating assessment and treatment alternatives. Prereq: EDP 630, 652, and 661 and admission to a program in Educational and Counseling Psychology or consent of the instructor.

---

**Current Distance Learning (DL) Status:** N/A
**Already approved for DL:** [ ]
**Please Add:** [ ]
**Please Drop:** [ ]

*If already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box) that the proposed changes do not affect DL delivery.

**Current Supplementary Teaching Component, if any:**
- Community-Based Experience
- Service Learning
- Both

**Proposed Supplementary Teaching Component:**
- Community-Based Experience
- Service Learning
- Both

**Currently, is this course taught off campus?**
- [ ] YES
- [x] NO

**Proposed to be taught off campus?**
- [ ] YES
- [x] NO

**Are significant changes in content/teaching objectives of the course being proposed?**
- [ ] YES
- [x] NO

If YES, explain and offer brief rationale:

---

**Course Relationship to Program(s).**

**Are there other depts and/or pgms that could be affected by the proposed change?**
- [ ] YES
- [x] NO

---

6 You must also submit the Distance Learning Form in order for the course to be considered for DL delivery.

Rev 8/09
COURSE CHANGE FORM

<table>
<thead>
<tr>
<th>If YES, identify the depts. and/or pgms: _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Will modifying this course result in a new requirement* for ANY program?</td>
</tr>
<tr>
<td>IF YES*, list the program(s) here: _____</td>
</tr>
</tbody>
</table>

6. Information to be Placed on Syllabus.

| a. Check box if changed to 400G or 500. | If changed to 400G- or 500-level course you must send in a syllabus and you must include the differentiation between undergraduate and graduate students by: (i) requiring additional assignments by the graduate students; and/or (ii) establishing different grading criteria in the course for graduate students. (See SR 3.1.4.) |

---

* In order to change a program, a program change form must also be submitted.

Rev 8/09
# COURSE CHANGE FORM

## Signature Routing Log

### General Information:

Course Prefix and Number: **EDP 650**  
Proposal Contact Person Name: **Rory Remer**  
Phone: **7-7877**  
Email: **RRemer@uky.edu**

### INSTRUCTIONS:

Identify the groups or individuals reviewing the proposal; note the date of approval; offer a contact person for each entry; and obtain signature of person authorized to report approval.

### Internal College Approvals and Course Cross-listing Approvals:

<table>
<thead>
<tr>
<th>Reviewing Group</th>
<th>Date Approved</th>
<th>Contact Person (name/phone/email)</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDP</td>
<td>11/28/2011</td>
<td>Rory Remer / 7-7877 / <a href="mailto:RRemer@uky.edu">RRemer@uky.edu</a></td>
<td>/ /</td>
</tr>
</tbody>
</table>

### External-to-College Approvals:

<table>
<thead>
<tr>
<th>Council</th>
<th>Date Approved</th>
<th>Signature</th>
<th>Approval of Revision*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate Council</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate Council</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care Colleges Council</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senate Council Approval</td>
<td></td>
<td>University Senate Approval</td>
<td></td>
</tr>
</tbody>
</table>

### Comments:

_____

---

* Councils use this space to indicate approval of revisions made subsequent to that council’s approval, if deemed necessary by the revising council.