



SACRAMENTO  
STATE

# Course Change Proposal Form A



<b>Academic Group (College):</b> <b>Education</b>	<b>Academic Organization (Department):</b> <b>Counselor Education</b>	<b>April 7, 2009</b>
<b>Type of Course Proposal:</b> New ___ Change <u>x</u> Deletion ___	<b>Department Chair:</b> <b>Rose Borunda</b>	<b>Submitted by:</b> <b>Lynn Wilcox</b>
<b>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <u>x</u></b>	<b>For Catalog Copy: Yes <u>x</u> No ___</b> <b>CCE (Extension): Yes ___ No <u>x</u></b>	<b>Semester Effective:</b> <b>Fall <u>x</u> Spring ___, 2009 ___</b>

<b>This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):</b>	
<b>If changing an existing course, should new version be considered a repeat of the original version? If so, the same Course ID will be maintained. If not, a new Course ID will be assigned. Note: In PeopleSoft terminology, the Course ID is the unique system identifier, not the Catalog Nbr.</b>	<b>Yes <u>x</u> No ___</b>

**Change from:**

<b>Subject Area (prefix) &amp; Catalog Nbr (course no.):</b> <b>EDC 220</b>	<b>Title: The Spiritual Dimension in Counseling &amp; Psychotherapy</b>	<b>Units: 3</b>
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**Change to:**

<b>Subject Area (prefix) &amp; Catalog Nbr (course no.):</b>	<b>Title:</b>	<b>Units:</b>
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**JUSTIFICATION:**

**Students need to have completed the prerequisite requirements before enrolling in the course. Graduate Study admission requirements have changed. Since students can no longer be admitted as unclassified graduate students in order to take the prerequisites, they have to take the prerequisites after admission to the program, and need to take them prior to taking other coursework.**

**NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See <http://www.csus.edu/umannual/acad.htm> - Guidelines for Catalog Course Description**

**EDC 220: The Spiritual Dimension in Counseling and Psychotherapy. Investigation into concerns and issues, modes and methodologies surrounding exploration of the spiritual dimension in the counseling/therapy relationship. Experiential activities are included. Prerequisites: EDC 170, EDC 171, EDC 216, EDC 280 or permission of instructor. Units: 3.0.**

**Note:**

**Prerequisite:**

**Enforced at Registration: Yes x No \_\_\_ EDC 170, EDC 171, EDC 216, EDC 280 or permission of instructor.**

**Corequisite:**

**Enforced at Registration: Yes \_\_\_ No \_\_\_**

**Graded: Letter X Credit/No Credit \_\_\_**

**Instructor Approval Required? Yes x No \_\_\_**

**Course Classification (e.g., lecture, lab, seminar, discussion):**

**Title for CMS (not more than 30 characters)**

**Cross Listed?**

**Yes \_\_\_ No X**

**If yes, do they meet together and fulfill the same requirement, and what is the other course.**

**How Many Times Can This Course be Taken for Credit? \_\_\_once\_\_\_**

**Can the course be taken for Credit more than once during the same term? Yes \_\_\_ No x**

**FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:**

**Description of the Expected Learning Outcomes:** Describe outcomes using the following format: "Students will be able to: 1), 2), etc."  
See the example at <http://www.csus.edu/acaf/example.htm>

\*\*Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean's office, not Academic Affairs.

**Assessment Strategies:** A description of the assessment strategies (e.g., portfolios, examinations, performances, pre-and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above:

For whom is this course being developed?

Majors in the Dept \_\_\_ Majors of other Depts \_\_\_ Minors in the Dept \_\_\_ General Education \_\_\_ Other \_\_\_

Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes \_\_\_ No x

If yes, identify program(s):

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes \_\_\_ No x

If yes, attach a description of resources needed and verify that resources are available.

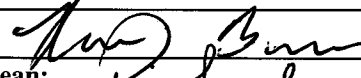
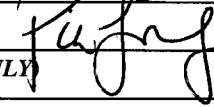
Indicate which department or programs will be affected by the proposed course (if any). \_\_\_\_\_

*The Department Chair's signature below indicates that affected programs have been sent a copy of this proposal form.*

**Approvals:** If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

**Signatures:**

**Date**

Department Chair:		7/16/09
College Dean or Associate Dean:		7/20/09
CPSP (for school personnel courses ONLY)		
Associate Vice President and Dean for Academic Programs		

Distribution: Academic Affairs (original), Department Chair and College Dean. Dean's office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.