**Course Change Proposal**  
**Form A**

<table>
<thead>
<tr>
<th>Academic Group (College):</th>
<th>Academic Organization (Department):</th>
<th>Date: 10-30-07</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSIS</td>
<td>PSYCHOLOGY</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Course Proposal:**

- New ___  Change _x_  Deletion ___

**Department Chair:**  
Bruce Behrman

**Submitted by:**  
Marya Endriga

**Does this course fulfill a requirement for single-subject or multiple subject credential students?**  
Yes ___  No _x_

**For Catalog Copy:**  
Yes ___  No _x_

**CCE:**  
Yes ___  No ___

**Semester Effective:**  
Fall ___  Spring _x_, 2008

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**This course replaces experimental course Subject Area (prefix) and Catalog Number (course number):**

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**Change from:**  
NO CHANGE

**Subject Area (prefix) & Catalog No. (course no.):**  
PSYC 120

**Title:**  
Psychological Testing

**Units:**  
3

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**Change to:**

**Subject Area (prefix) & Catalog No. (course no.):**

**Title:**

**Units:**

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**JUSTIFICATION:**

This proposal updates the course classification to Lecture/Discussion to reflect the current instructional format and course cap.

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

NO CHANGE

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**Note:**

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**Prerequisite:**

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**Corequisite:**

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**CAN (California Articulation Number):**

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**Graded:**  
Letter ____  Credit/No Credit ____

**Instructor Approval Required?**  
Yes ___  No ________________

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

**Lecture Discussion**

**Title for SIS+/CMS (not more than 30 characters):**

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**Cross Listed?**

- Yes ___  No ___

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

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**How Many Times Can This Course be Taken for Credit?**  
_____  

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**Can the course be taken for Credit more than once during the same term?**  
Yes ___  No ___
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.

<table>
<thead>
<tr>
<th>Signatures:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Chair:</td>
<td></td>
</tr>
<tr>
<td>College Dean or Associate Dean:</td>
<td>1/1/07</td>
</tr>
<tr>
<td>CPSP (for school personnel courses ONLY)</td>
<td>1/26/07</td>
</tr>
<tr>
<td>Associate Vice President and Dean for Academic Programs</td>
<td></td>
</tr>
</tbody>
</table>

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.