# Course Change Proposal

## Form A

<table>
<thead>
<tr>
<th>Academic Group (College): Social Sciences and Interdisciplinary Studies</th>
<th>Academic Organization (Department): Psychology</th>
<th>Date: December 2, 2009</th>
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<tbody>
<tr>
<td>Type of Course Proposal: New ___ Change _<strong>xx</strong> Deletion ___</td>
<td>Department Chair: Bruce Behrman</td>
<td>Submitted by: Lisa Harrison</td>
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<tr>
<td>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No ___</td>
<td>For Catalog Copy: Yes _<strong>xx</strong> No ___</td>
<td>Semester Effective: Spring 2010</td>
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<td>CCE (Extension): Yes ___ No ___</td>
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This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):

| Yes ___xx__ No ___ |

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.

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**Change from:**

| Subject Area (prefix) & Catalog Nbr (course no.): PSYC 210 | Title: Theories of Personality | Units: 3 |

**Change to:**

| Subject Area (prefix) & Catalog Nbr (course no.): | Title: | Units: |

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**JUSTIFICATION:**

PSYC 102 or its equivalent is being added as a prerequisite to PSYC 210: Theories of Personality in order to ensure that students share a common basic background in advanced undergraduate research methods and statistics.

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

PSYC 210. Theories of Personality. Study of the role of personality theory in the field of psychology, and an examination of the current theories.

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**Note:**

Prerequisite: Successful completion of or concurrent enrollment in PSYC 102 or its equivalent.

Enforced at Registration: Yes ___ No ___

Corequisite:

Enforced at Registration: Yes ___ No ___

Graded: Letter ___xx__ Credit/No Credit ___

Instructor Approval Required? Yes ___ No ___

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

| seminar |

Title for CMS (not more than 30 characters)

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? 1

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

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**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 ___

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 ___

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).

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*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:**

Department Chair: ___________________________  Date: 12/2/09

College Dean or Associate Dean: ___________________________  Date: 1/5/10

CPSP (for school personnel courses ONLY)

Associate Vice President and Dean for Academic Programs

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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.

9/10/2008