

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one) <input checked="" type="checkbox"/> New Course (Parts II, IV) <input type="checkbox"/> Course Revision (Parts II, IV) <input type="checkbox"/> Course Dropped (Part II) <input type="checkbox"/> New Program (Part III) <input type="checkbox"/> Program Revision (Part III) <input type="checkbox"/> Program Suspended (Part III)	Department Name <u>Psychology</u> College <u>Arts and Sciences</u> *Course Prefix & Number <u>PSY 777</u> *Course Title <u>(30 characters)</u> <u>Introduction to Autism</u> *Program Title _____ (Major ____, Option ____, Minor ____, or Certificate __) *Provide only the information relevant to the proposal.	
Proposal Approved by: Departmental Committee <i>Is this a SACS Substantive Change?</i> Yes**** <input type="checkbox"/> No <input type="checkbox"/>	<u>Date</u> 2/6/08	<u>Date</u> Graduate Council* Council on Academic Affairs
College Curriculum Committee General Education Committee* Teacher Education Committee*	<u>Date</u> 2/18/08 N/A N/A	Approved ____ Disapproved ____ Faculty Senate** Board of Regents** Council on Postsecondary Edu.***
*If Applicable (Type NA if not applicable.) **Approval needed for new, revised, or suspended programs ***Approval/Posting needed for new degree program or certificate program ****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.		

Completion of A, B, and C is required: (Please be specific, but concise.)

<p>A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.) To create a new course</p> <p>A. 2. Effective date: (Example: Fall 2001) Spring 2009</p> <p>A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)</p>
<p>B. The justification for this action:</p> <p>There is no existing course on EKU's campus that comprehensively covers the autism spectrum from a psychological perspective.</p>
<p>C. The projected cost (or savings) of this proposal is as follows:</p> <p>Personnel Impact: None</p> <p>Operating Expenses Impact: None</p> <p>Equipment/Physical Facility Needs: None</p> <p>Library Resources: Adequate</p>

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striethrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~striethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

PSY 777 Introduction to Autism. (3) A. Prerequisite: departmental approval. Introduction to assessment, diagnosis, and intervention in autism spectrum disorders across the lifespan. Conduct autism spectrum assessment and design interventions.

Part III. Recording Data for New, Revised, or Suspended Program

1. For a new program, provide the catalog description as being proposed.
2. For a revised program, provide the current program requirements using ~~striethrough~~ for deletions and underlines for additions.
3. For a suspended program, provide the current program requirements as shown in catalog. List any options and/or minors affected by the program's suspension.

New or Revised* Program Text

(*Use ~~striethrough~~ for deletions and underlines for additions.)

Part IV. Recording Data for New or Revised Course (Record only **new** or **changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
PSY	777	Summer 2009	AS XX JS BT EM ED PC HS	PSYC
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. 0	
3	Lecture 3	Laboratory	Cip Code (first two digits only) 42	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)	
1	3	N	FR	JR XX
B	3		SO	SR XX
K	3			
W	3	Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	FOR BANNER USE ONLY Date of data entry _____ Data entry person _____	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		

Co-Requisites and Prerequisites **See definitions on following page**

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)	
Course Prefix and No.	
Course Prefix and No.	
Prerequisite(s): (List prerequisites only. List combinations below. Use "and" and "or" literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)	
Course Prefix and No.	Departmental Approval
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	
Co-Requisite(s) and/or Prerequisite(s) Combination (Use "and" and "or" literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	
Equivalent Course(s): (credit not allowed with; or formerly:)	
Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (X) in the appropriate Block or Blocks (e.g. – IVB(3) X).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

NOTE: Do not forward validation tables with curriculum form.

(*Use Validation Tables.)

