

**The Ohio State University**  
**Colleges of the Arts and Sciences Course Change Request**

Psychology  
 Academic Unit

Psychology 990  
 Book 3 Listing (e.g., Portuguese) Course Number

Summer X    Autumn    Winter    Spring    Year 2008

**Proposed effective date:** choose one quarter and put an "X" after it; and fill in the year. See the OAA curriculum manual for deadlines.

**A. Course Offerings Bulletin Information.** Follow instructions in the OAA curriculum manual. Before you fill out the "Present Course" information, be sure to check the latest edition of the *Course Offerings Bulletin* and subsequent Circulating Forms. You may find that the changes you need have already been made or that additional changes are needed. If the course offered is less than quarter or term, please also complete the Flexibly Scheduled/OffCampus/Workshop Request form.

**COMPLETE ALL ITEMS THIS COLUMN**

**Present Course**

1. Book 3 Listing: Psychology
2. Number: 990
3. Full Title: Internship in Psychology
4. 18-Char. Transcript Title:
5. Level and Credit Hours G 1-15
6. Description: Full-time supervised training in an (25 words or less)  
 Approved predoctoral internship agency; supervision and directed experience coordinated by student's advisor, program training director, and internship training director.
7. Qtrs. Offered : Su, Au, Wi, Sp
8. Distribution of Contact Time:  
 (e.g., 3 cl, 1 3-hr lab)
9. Prerequisite(s): Ph.D candidacy, an approved Dissertation proposal, and written permission of advisor.
10. Exclusion: Limited to Ph.D. candidates in counseling and clinical psych.  
 (Not open to....)
11. Repeatable to a maximum of 60 credits.
12. Off-Campus Field Experience: Yes
13. Cross-listed with: NA
14. Is this a GEC course? No
15. Grade option (circle): Ltr    S/U X    P  
 If P graded, what is the last course in the series?
16. Is an honors version of this course available? Y  N   
 Is an Embedded Honors version of this course available?    Y  N
17. Other general course information:

**COMPLETE ONLY THOSE ITEMS THAT CHANGE**  
**Changes Requested**

1. \_\_\_\_\_
2. 989
3. \_\_\_\_\_
4. \_\_\_\_\_
5. G 0-15
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. Limited to Ph.D. candidates in clinical psych.
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_

**B. General Information**

1. Do you want the prerequisites enforced electronically (see the OAA manual for what can be enforced)?  
No

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2. Does this course currently satisfy any GEC requirement, if so indicate which category?  
No

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3. What other units require this course? Have these changes been discussed with those units?  
None

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4. Have these changes been discussed with academic units that might have a jurisdictional interest in the subject matter?  
Attach relevant letters.  
Not applicable

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5. Is the request contingent upon other requests, if so, list the requests?  
No

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6. **Purpose of the proposed change. (If the proposed change affects the content of the course, attach a revised syllabus and course objectives and e-mail to [asccurrofc@osu.edu](mailto:asccurrofc@osu.edu).)**  
This change is desgned to make a 0-credit option available so that our doctoral students can retain their full time student status while completing their required full-time off-campus (typically out of state) clinical internship.

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7. Please list Majors/Minors affected by the proposed change. Attach revisions of all affected programs. This course is (check one):  
 Required on major(s)/minor(s)       A choice on major(s)/minors(s)  
 An elective within major(s)/minor(s)       A general elective:  
 Not applicable – this is a graduate course

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8. Describe any changes in library, equipment or other teaching aids needed as a result of the proposed change or if the proposed change involves budgetary adjustments, describe the method of funding:  
None

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**Approval Process** The signatures on the lines in ALL CAPS ( e.g. ACADEMIC UNIT) are required.

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|--|--------------------|----------|
| 1. Academic Unit Undergraduate Studies Committee Chair   | Printed Name       | Date     |
|  | Marilynn B. Brewer | 10/30/07 |
| 2. Academic Unit Graduate Studies Committee Chair  | Printed Name       | Date     |
|  | Clifford Weary     | 10-30-07 |
| 3. <b>ACADEMIC UNIT CHAIR/DIRECTOR</b>   | Printed Name       | Date     |
| 4. After the Academic Unit Chair/Director signs the request, forward the form to the ASC Curriculum Office, 105 Brown Hall, 190 West 17 <sup>th</sup> Ave. or fax it to 688-5678. Attach the syllabus and any supporting documentation in an e-mail to <a href="mailto:asccurrofc@osu.edu">asccurrofc@osu.edu</a> . The ASC Curriculum Office will forward the request to the appropriate committee. |                    |          |
| 5. <b>COLLEGE CURRICULUM COMMITTEE</b>   | Printed Name       | Date     |
| 6. <b>ARTS AND SCIENCES EXECUTIVE DEAN</b>   | Printed Name       | Date     |
| 7. Graduate School (if appropriate)  | Printed Name       | Date     |
| 8. University Honors Center (if appropriate)   | Printed Name       | Date     |
| 9. Office of International Affairs (study tours only)  | Printed Name       | Date     |
| 10. <b>ACADEMIC AFFAIRS</b>  | Printed Name       | Date     |