COLLEGE/SCHOOL/SECTION: COE Department of Professional Programs

Course: Add: ___ Delete: ___
(check all that apply) Change: Number ___ Title ___ X SCH ___ Description ___X___ Prerequisite ___
New course will be part of major ___ minor ___ as a required ___
or elective ___ course
New course will introduce ___, reinforce ___, or apply ___ concepts

If new, provide Course Prefix, Number, Title, Measurable Student Learning Outcomes, SCH Value, Description, prerequisite, and lecture/lab hours if applicable. If in current online catalog, provide change and attach text with changes in red and provide a brief justification.

EDCU 5318 Internship (Part B) Clinical Counseling Internship
Three semester hours.

Practical experience will be gained in a school clinical setting under the supervision of a qualified on-site school licensed counselor. A total of 300 hours will be required with an approximate balance between direct and indirect counseling experiences. A university lab experience with counselor education faculty is also required. Prerequisites: EDCU 5305, EDCU 5314, EDCU 5315, EDCU 5316, EDCU 5317, all remaining coursework on the degree plan, or consent of the instructor. All previous coursework on the degree plan must be successfully completed and approval by the department.

Justification:
The change to this title is to align with new State requirements.

Program: Add: ___ Change: ___ Attach new/changed Program of Study description and 4-year plan. If in current catalog, provide change and attach page with changes in red.

Minor: Add: ___ Delete: ___ Change: ___ Attach new/changed minor. If in current catalog, provide change and attach page with changes in red.

Faculty: Add: ___ Delete: ___ Change: ___ Attach new/changed faculty entry. If in current catalog, provide change and attach page with changes in red.

College Introductory Pages: Add information: ___ Change information: ___
Attach new/changed information. If in current catalog, provide change and attach page with changes in red.

Other: Add information: ___ Change information: ___ Attach new/changed information. If in
current catalog, provide change and attach page with changes in red.

Approvals:  
Signature  
Date

Chair  
Department Curriculum Committee

Chair  
Department

Chair  
College Curriculum Committee

Dean  
03/01/10