1. *Degree/Major Title:*

**MA/ Mental Health Counseling**

1. *Contact person:* Abbe Finn, Ph.D.

*College*: Education

*Department/School*: Counseling

*Telephone*: 239-590-7772

1. *Briefly describe the proposed revision(s)*.

The Program faculty propose a name change from Mental Health Counseling to "Clinical Mental Health Counseling" to be consistant with the profession and the degee nomenclature by CACREP, the accrediting body for counseling programs. Statement regarding admission policies and procedures are changed in the catalog to achieve greater clarity.

1. *Effective date*: Fall 2012

*Changes are effective in the fall of the year. Exceptions are approved only in unusual circumstances with adequate justification.*

1. *Briefly explain the rationale for the proposed revision.*

*Link the proposed revision to assessment and institutional effectiveness activities (feedback from students, market demands, program evaluation, resource allocation, etc.).*

The Counseling faculty propose to change the name of the Mental Health Counseling Program to the "Clinical Meantl Health Counseling Program". This name more accurately describes the future prfession of the graduates and is also consistant with nomenclature used by CACREP, the counseling accrediting organization.

The faculty also want to clarify the language of the admission policy to meore clearly and acurately describe the evaluation process of the personal statement and the interview.

In addition, the faculty are removing the statement regarding 1000 for the GRE since the test is in the process of being renormed and the cut off score will be different.

1. *Describe additional library resources needed to support this revision? Explain rationale for response, even if answer is None*.

None. This does not change the use of the library by students.

1. *Describe additional faculty resources needed to support this revision? Explain rationale for response, even if answer is None.*

None. This change is for clarification purposes. The personal statement and interview are already required for admission. How they were used and evaluated, however, was less clear.

1. *Describe additional technology, facility, laboratory, or other resources needed to support this revision? Explain rationale for response, even if answer is None.*

None. No additional use of technology.

1. *What impact will the proposed revision have on other colleges, units, or programs?*

There should be none.

1. *New courses*:

No new courses are required.

New courses are needed. List prefix/number/title below. Complete a Course Add Form for each from the Curriculum Management System - <https://midas.fgcu.edu/acadaff/scns/>.

1. *Change to existing courses*:

No existing courses are being changed.

Existing courses are being changed. List prefix/number/title below. Complete a Course Change Form for each from the Curriculum Management System - <https://midas.fgcu.edu/acadaff/scns/>.

1. *Termination of existing courses*:

No existing courses are being deleted from the FGCU course inventory.

Courses are being terminated. List prefix/number/title below. Complete a Course Terminate Form for each course from the Curriculum Management System - <https://midas.fgcu.edu/acadaff/scns/>.

1. *Catalog copy*:

Attach an edited, tracked copy in color of the catalog display for this Degree/Major showing all revisions using the online catalog copy from the current academic year - <http://www.fgcu.edu/catalog/>.

GRADUATE PROGRAMS ONLY:  Contact the Office of Graduate Studies regarding the review/approval process for proposed policy changes including changes to admission requirements.

**Reminder:**  The prefix/number for a new course is handled one way in the CMS and another way in the catalog copy.  In the CMS, a new course is identified by entering the suggested prefix/number.  In the catalog copy, the same new course is listed with the suggested prefix, the course level, and XXX (e.g, 2XXX or 4XXX).  When final approval for the course prefix/number is received from SCNS, the catalog copy will be updated.

1. *Additional remarks*:

**APPROVALS** *(required prior to submission)*

Department/Program Chair/Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Curriculum Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does another department or unit provide related expertise or offer similar courses?  No  Yes (*If yes, have the other department complete the following. Attach a separate sheet if needed.)*

Department/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supports this proposal  Does not support this proposal  Defers Recommendation

Authorizing signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

FGCU Undergraduate Curriculum Team or Graduate Curriculum Team

Approves  Approves w/conditions  Does not approve

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments/Conditions: