CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS
NEW COURSE PROPOSAL
PROGRAM AREA: PSYCHOLOGY

1. Catalog Description of the Course. [Include the course prefix, number, full title, and units. Provide a course narrative including prerequisites and corequisites. If any of the following apply, include in the description: Repeatability (May be repeated to a maximum of ___ units); time distribution (Lecture ___ hours, laboratory ___ hours); non-traditional grading system (Graded CR/NC, ABC/NC). Follow accepted catalog format.]

PSY 492 INTERNSHIP OR SERVICE LEARNING (1-3)

Prerequisite: Upper Division standing and consent of instructor
Supervised work/volunteer experience in an appropriate setting. Includes supervision in the field from an appropriate person with credentials and/or experience in a specialty related to psychology. Students are required to write a report of their experience.

2. Mode of Instruction: Activity

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<th>Units:</th>
<th>Hrs/Unit</th>
<th>Benchmark Enrollment</th>
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<td>1-3</td>
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3. Justification and Learning Objectives for the Course. (Indicate whether required or elective, and whether it meets University Writing, and/or Language requirements) [Use as much space as necessary]

This course consists of a supervised internship/service learning experience relevant to the field of psychology. Students completing this course will be able to do the following:

- Demonstrate understanding of the importance of life-long learning and maintaining currency in one’s field.
- Define career paths and develop skills relevant to pursuing them.
- Demonstrate communication skills, such as interviewing, active listening, empathic listening, and/or report writing as appropriate.
- Demonstrate the ability to reflect on the internship/service learning experience and find meaning in it.
- Develop knowledge-based interpersonal skills that foster sensitivity and expand self-knowledge.

4. Is this a General Education Course? If Yes, indicate GE category: No

5. Course Content in Outline Form
Variable

6. References

7. Qualified Faculty Harley Baker, Beatrice de Oca, Kevin Volkan
8. Frequency
Fall Semester: Yes  
Spring Semester: Yes  
Summer Semester: Yes

9. New Resources Required.
None

10. Consultation Attach consultation sheet from all program areas, Library, and others (if necessary)

11. If this new course will alter any degree, credential, certificate, or minor in your program, attach a program modification

Proposer of Course: ____Kevin Volkan___  
Date: Friday, January 10, 2003
Approvals

___________________________________________________
Program Coordinator    Date

___________________________________________________
GE Committee Chair    Date

___________________________________________________
Curriculum Committee Chair    Date

___________________________________________________
Dean    Date

Effective Semester: _________________________________________
1. Course prefix, number, title, and units: _______________________________________
________________________________________________________________________

2. Program Area: ____________________________________________________________

**Recommend Approval**

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<tr>
<th>Program Area/Unit</th>
<th>Program/Unit Coordinator</th>
<th>YES</th>
<th>NO (attach objections)</th>
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