

KINGSBOROUGH COMMUNITY COLLEGE
The City University of New York

CURRICULUM TRANSMITTAL COVER PAGE

Department: Behavioral Sciences and Human Services Date: 10/09/18

Title Of Course/Degree/Concentration/Certificate: MH 9802 Supervised Instructional Experience in Mental Health II

Change(s) Initiated: (Please check)

- | | |
|---|--|
| <input type="checkbox"/> Closing of Degree | <input type="checkbox"/> Change in Degree or Certificate |
| <input type="checkbox"/> Closing of Certificate | <input type="checkbox"/> Change in Degree: Adding Concentration |
| <input type="checkbox"/> New Certificate Proposal | <input type="checkbox"/> Change in Degree: Deleting Concentration |
| <input type="checkbox"/> New Degree Proposal | <input checked="" type="checkbox"/> Change in Prerequisite, Corequisite, and/or Pre/Co-requisite |
| <input type="checkbox"/> New Course | <input type="checkbox"/> Change in Course Designation |
| <input type="checkbox"/> New 82 Course (Pilot Course) | <input type="checkbox"/> Change in Course Description |
| <input type="checkbox"/> Deletion of Course(s) | <input type="checkbox"/> Change in Course Title, Number, Credits and/or Hours |
| | <input type="checkbox"/> Change in Academic Policy |
| | <input type="checkbox"/> Pathways Submission: |
| | <input type="checkbox"/> Life and Physical Science |
| | <input type="checkbox"/> Math and Quantitative Reasoning |
| | <input type="checkbox"/> A. World Cultures and Global Issues |
| | <input type="checkbox"/> B. U.S. Experience in its Diversity |
| | <input type="checkbox"/> C. Creative Expression |
| | <input type="checkbox"/> D. Individual and Society |
| | <input type="checkbox"/> E. Scientific World |
- Change in Program Learning Outcomes
- Other (please describe): _____

PLEASE ATTACH MATERIAL TO ILLUSTRATE AND EXPLAIN ALL CHANGES

DEPARTMENTAL ACTION

Action by Department and/or Departmental Committee, if required:

Date Approved: 10/16/18 Signature, Committee Chairperson: Michael V. Mendel

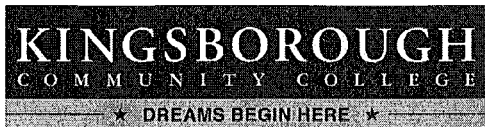
If submitted Curriculum Action affects another Department, signature of the affected Department(s) is required:

Date Approved: _____ Signature, Department Chairperson: _____

Date Approved: _____ Signature, Department Chairperson: _____

I have reviewed the attached material/proposal

Signature, Department Chairperson: Michael V. Mendel



TO: Fall 2018 Curriculum Committee

FROM: Department of Behavioral Sciences and Human Services

DATE: 10/09/18

RE: Change in Prerequisite for MH 9802, Supervised Instructional Experience in Mental Health II

The Department of Behavioral Sciences and Human Services is proposing a change in Prerequisite MH 9802, Supervised Instructional Experience in Mental Health II

FROM:

MH 1100, MH 3500 and either MH 3100 or MH 3400 or Department permission required

TO:

MH 9801, MH 3000 and either MH 3100 or MH 3400 or **MH 3800** or Department permission required

Rationale for Changes:

This change ensures students have taken Assessment and Intervention Modalities with Domestic Violence Survivors (MH 3800) prior to their second fieldwork. Additionally this change ensures students complete all of their mental health courses prior to enrolling in their second fieldwork.