Course Change Form

Date of Request: February 5, 2010

Page 1 of 1

Course Addition

Course Title: Interpersonal Neuroscience
Prefix & Num. PSY 4130

1. Course Title: Interpersonal Neuroscience
Prefix & Num. PSY 4130

2. Pre-requisite(s): PSY 3200 and PSY 3410
Co-requisite(s): Instructor permission required: No
Class Hours/Week: *LEC: 3.00 *LBC w/ cr: 0.00
Clinical: 0.00 Practicum: 0.00 Independent Study: 0.00
Credits: 3.00

3. Semester to be Implemented: Fall, 2010
Day ☒ Extended Day ☐ Grade type Regular

4. Cost Code: SOC103 Lab Fee: $0.00
Additional Fees: $0.00 Potential WLF: 3.33

Explanation of Fees:

5. Is this course designed for a specific group? No
Who?

6. Catalog Description: ☐ Now in Print, or ☒ Proposed Below:
Introduction to theoretical perspectives in interpersonal neuroscience employed in developmental psychology and in the study of interpersonal experiences. This course will also explore the neural mechanisms of emotion, personality and mood as they relate to interpersonal interaction. Prerequisite: PSY 3200 and PSY 3410. 3 lecture hours per week.

7. Course justification (attach sheets if needed):
This course would satisfy one of our degree distribution requirements.

8. Are library resources adequate to support this change? Yes
If not, how are those resources to be acquired?

9. Are technical and other resources available? Yes
If not, how are those resources to be acquired?

10. Relationship to the curriculum: Would the course fill a G.E. requirement? No
If yes, which G.E. area?
If it does not fill a G.E. requirement, would the course offer elective credit? Yes

11. Transferability of the course: List comparable courses at other colleges and universities:

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<th>G.E.</th>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
<th>Prefix &amp; Num.</th>
<th>Institution</th>
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<td>PSY 6300</td>
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Approval Signatures:

Department Chair: [Signature] Date: 2/5/2010

Associate Dean/Dean: [Signature] Date: 2/5/2010

Curriculum Chair: ____________________________ Date: ________

Academic VP: ____________________________ Date: ________