

EASTERN MICHIGAN UNIVERSITY  
DIVISION OF ACADEMIC AFFAIRS

**REQUEST FOR COURSE REVISIONS**

TYPE OF REVISION: (CHECK ALL THAT APPLY.)

Course Number/Subject Code  
 Course Title  
 Credit Hours  
 Course Description  
 Prerequisite/Corequisite  
 Restriction

DEPARTMENT: TEACHER EDUCATION  
DEPARTMENT CONTACT: PAT POKAY  
CONTACT EMAIL: PAT.POKAY@EMICH.EDU

COLLEGE: EDUCATION  
PHONE: 487-7120 EXT. 2632

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**DIRECTIONS: COMPLETE SECTION A AND SECTIONS B1a, B2a, B3a B4a, B9, B10 AND B11. COMPLETE ONLY THE REMAINING PARTS OF SECTION B THAT CONCERN THE REVISIONS CHECKED ABOVE. FOR ASSISTANCE CONTACT THE COURSE AND PROGRAM DEVELOPMENT OFFICE.**

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**A. Rationale for Revision:**

Title of course does not accurately reflect its content and goals.

Catalogue description does not accurately reflect the outlined content of the course.

This course focuses on the mental health and well-being of the teacher. It is designed to address issues of professional and personal development by challenging students to develop new knowledge and skills and to examine and test, through critical analysis and application, the relevance of course content in their own lives and in the lives of their students. It is designed for those students wishing to develop greater interpersonal effectiveness in a variety of settings (i.e., work, family, and personal life). The emphasis of this course is on developing a greater range of choices in order to increase the likelihood of living a balanced life.

The course will address fundamental issues of the self, including self-esteem, self-concept, self-determination, choice and responsibility. It will extensively examine elements of human communication through work, family and intimate relationships. Finally, while addressing theory and developmental issues in adulthood, it will provide an opportunity to explore and practice the skills essential for greater well-being and more positive human relations.

**B. Course Information**

1. a) Current Subject Code and Course Number: EDPS 605  
b) (If new) Proposed Subject Code and Course Number: \_\_\_\_\_
2. a) Current Course Title: Mental Hygiene  
b) (If new) Proposed Course Title: Mental Health of Educators

3. a) Current Credit Hours: 2

b) (If new) Proposed Credit Hours \_\_\_\_\_

4. a) Current Catalog Description:

A study of the conditions and practices which promote mental, emotional and social well-being. Concepts are explored in terms of restoration, preservation and elevation of mental health goals. The course emphasizes introspection and self-awareness techniques and skills relevant to inter-personal relationships, and the application of principles and concepts to home, school and other social settings.

b) (If new) Proposed Catalog Description (Limit to approximately 50 words):

This course focuses on the mental health and well-being of the teacher. It is designed to address issues of professional and personal development by challenging students to develop new knowledge and skills and to examine and test, through critical analysis and application, the relevance of course content in their own lives and in the lives of their students.

5. (Complete only if prerequisites are to be changed.) List Current and Proposed Prerequisite Courses by subject code, number and title. Students must complete prerequisites before they can take this course.

**Current:**

**Proposed:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. (Complete only if corequisites are to be changed) List Current and Proposed Corequisite Courses by subject code, number and title. Students must take corequisite courses at the same time as they are taking this course.

**Current:**

**Proposed:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. (Complete only if concurrent prerequisites are to be changed.) List Current and Proposed Concurrent Prerequisite Courses by subject code, number and title. Students must take concurrent prerequisites either before or at the same time as they are taking this course.

**Current:**

**Proposed:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. (Complete only if course restrictions are to be changed. Complete only those sections that pertain to the restrictions that are to be changed.) List Current and Proposed Course Restrictions. Course Restrictions limit the type of students who will be allowed to take the course.

a. Academic/Class Level: Check all those who **will be allowed** to take the course as part of their academic program.

<b>Current</b>	<b>Proposed</b>
Freshperson _____	Freshperson _____
Sophomore _____	Sophomore _____
Junior _____	Junior _____
Senior _____	Senior _____
Certificate _____	Certificate _____
Master's _____	Master's _____
Specialist _____	Specialist _____
Doctoral _____	Doctoral _____

**Note: Only** 400-level undergraduate courses can be taken by graduate students for credit toward their program of study..

**Only** Certificate and Masters students may take these courses. If this is a 400-level course that will now be offered for graduate credit, attach Approval Form for 400-level Course for Graduate Credit.

**Note: Only** 500-level graduate courses can be taken by undergraduate students.

b. Majors/Programs: (Check if course is restricted to those in specific majors/programs)

<b>Current</b>	<b>Proposed</b>
Yes _____	Yes _____
No _____	No _____

If yes, list the majors/programs

_____	_____
_____	_____

c. Departmental Permission: (Note: Department permission requires the department to enter authorization for every student registering.)

<b>Current</b>	<b>Proposed</b>
Yes _____	Yes _____
No _____	No _____

d. Admission to Specific College: (Check if course is restricted to those admitted to specific college.)

<b>Current</b>	<b>Proposed</b>
College of Business: _____	College of Business: _____
College of Education: _____	College of Education: _____

9. List all departmental programs for which this course is Required or a Restricted Elective.

Program \_\_\_\_\_ Required \_\_\_\_\_ Restricted Elective \_\_\_\_\_

Program \_\_\_\_\_

Required \_\_\_\_\_ Restricted Elective \_\_\_\_\_

10. Is this course required by programs in other departments? Yes \_\_\_\_\_ No X \_\_\_\_\_

11. If yes, do the affected departments support this change? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach letters of support. If no, attach letters from the affected department explaining the lack of support, if available.

12. Will the proposed revision increase/decrease credit hours in any program? Yes \_\_\_\_\_ No X \_\_\_\_\_

If yes, list the programs and provide an explanation for the increase/decrease, along with a copy of the revised program that includes the new credit hour total.

### C. Action of the Department/College

#### 1. Department

Vote of department faculty: For 27 \_\_\_\_\_ Against 0 \_\_\_\_\_ Abstentions 0 \_\_\_\_\_  
(Enter the number of votes cast in each category.)

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

#### 2. College

\_\_\_\_\_  
College Dean Signature

\_\_\_\_\_  
Date

#### 3. Graduate School

\_\_\_\_\_  
Associate Dean Signature

\_\_\_\_\_  
Date

### D. Approval

\_\_\_\_\_  
Assistant Vice-President for Academic Services Signature

\_\_\_\_\_  
Date