

## STATE OF CONNECTICUT

#### BOARD OF TRUSTEES

FOR THE STATE COLLEGES

P. O. Box 2008

NEW BRITAIN, CONNECTICUT 06050

TEL. NEW BRITAIN: 203-229-1607

TEL. HARTFORD: 203-566-7373

#### RESOLUTION

concerning

CHANGE OF PROGRAM NAME
from
M.S. and SIXTH YEAR IN COUNSELING
(MARITAL AND FAMILY COUNSELING)
to
MASTER OF FAMILY THERAPY

September 4, 1981

WHEREAS, Southern Connecticut State College now offers an M.S. and Sixth Year in Counseling with a special focus on Marital and Family Counseling, which programs require a total of 60 semester hours, and

WHEREAS, Southern Connecticut State College has requested that these two programs be redesignated as a single, 60 semester hour Master of Family Therapy degree to reflect more accurately the nature of the program, therefore, be it

RESOLVED, That, subject to the approval of the Board of Higher Education, the formal designation of the M.S. and Sixth Year in Counseling with a focus on Marital and Family Counseling is changed to Master of Family Therapy.

A Certified True Copy:

⊅ames A. Frost Executive Director



Executive Officer for Academic and Student Affairs

P.O. BOX 2008 NEW BRITAIN, CONNECTICUT 06050

Telephone: (203) 827-7700

September 15, 1981

Dr. Donald H. Winandy Director, Academic Affairs Board of Higher Education 61 Woodland Street Hartford, CT 06105

Dear Don:

On behalf of the Board of Trustees of the Connecticut State Colleges and Southern Connecticut State College, I wish to report a change in program designation of the Marital and Family Counseling track in the M.S. and Sixth Year Program in Counseling at Southern. The Trustees have authorized the redesignation of this track as a single, sixty semester hour program to be called the Master of Family Therapy. I request a change in Southern's program inventory to reflect this new designation.

The Marriage and Family Counseling track in the M.S. and Sixth Year program has been in existence at Southern since the mid-1970's. What is now proposed is a name change only. This is substantiated by the fact that the program under its new designation will require the same number of hours as the existing M.S. plus Sixth Year program. There will be no new faculty or other resources necessitated by this change. No particular change is foreseen in student enrollment. Current enrollment is approximately one hundred students.

The purpose of the name change is to reflect more accurately current terminology in the field. This is a matter of special concern to students in the program who naturally wish their degree to be recognizable in light of current terminology.

A copy of the Board of Trustees action on this matter is enclosed as well as a copy of a September 1979 BHE resolution authorizing a fee schedule for the Family Counseling Clinic which provides laboratory experience for this program.

Please let me know if I can provide further information.

Sincerely,

Thomas A. Porter

Executive Officer for

Academic and Student Affairs

Encls. cc: Dr. Frost



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A Certified True Copy:

Tames A. Frost Executive Director



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BOARD OF TRUSTEES FOR THE STATE COLLEGES

September 27, 1979

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Dr. James A. Frost, Executive Director Board of Trustees for the State Colleges P. O. Box 2008 New Britain, Connecticut 06050

Dear Dr. Frost:

At the Board of Higher Education meeting on Tuesday, September 25, a quorum being present and voting, the following resolution was approved:

> 79-F28-S Establishment of a fee schedule for the Southern Connecticut State College Family Counseling Clinic

I hereby certify that the enclosed is a true copy of the resolution.

Sincerely.

Michael D. Usdan. Commissioner

MDU/fr enclosure RESOLVED that the Board of Higher Education, subject to its responsibilities contained in Section 10-116 (a) of the Connecticut General Statutes, Revision of 1958, approve the request of the Board of Trustees for State Colleges for the establishment of a fee schedule for the Southern Connecticut State College Family Counseling Clinic as follows:

Intake/diagnostic	\$15.00
Couple, individual or family treatment per session	- 20.00
Group treatment	5.00

Fees shall be charged on the basis of ability to pay. Such ability shall be determined from the following table:

### Annual Adjusted Gross Income

No. of Exemptions	Category I	Category II	Category III
1 2 3 4 5 6 7 3 9	Under \$ 6,000 " 7,200 " 8,300 " 9,300 " 10,200 " 11,000 " 11,700 " 12,300 " 12,900 " 13,500	\$ 6,000 - 7,199 7,200 - 8,229 8,300 - 9,229 9,300 - 10,199 10,200 - 10,999 11,000 - 11,699 11,700 - 12,299 12,300 - 12,899 12,900 - 13,499 13,500 - 14,099	\$ 7,200 or over 8,300 " " 9,300 " " 10,200 " " 11,000 " " 11,700 " " 12,300 " " 12,900 " " 13,500 " " 14,100 " "

Clients in Category I shall pay 10% of the schedule fees.

Clients in Category II shall pay 50% of the schedule fees.

Clients in Category III shall pay the full amount listed in the schedule of fees.

Usdan, Commissioner

Board of Higher Education