## WESTERN NEW MEXICO UNIVERSITY

## Degree Plan - Master of Occupational Therapy (5204) School of Allied Health

Student Name:	ID#	ID# Telephone:				
Complete Mailing Address:					Telepho	
(incl street, city, state, zip)			Catalog	Catalog Authority: 2013-1		-14
Email Address:			Advisor:			
Intake Interview Date:			Date Admitted to Graduate School:			
			Date Admitted to MOT	Program:		
		Core Requ	iiramants			
Course(Credits)	Sem/Year	<u>Grade</u>	Course(Credits)		Sem/Year	<u>Grade</u>
OCTH 500 Occupations	(2)		OCTH 512 Fldwrk I-Ps	ychosoc (3)_		
OCTH 501 Theory I	(3)					
OCTH 502 Applied Neuroscience	(4)					
OCTH 503 Occup Perf/Mental Hlth	(3)		OCTH 603 Emerging Prac			
OCTH 504 Research I	(3)		OCTH 604 Occ Perf/Adult			
OCTH 505 Theory II	(3)		OCTH 606 Research II			
OCTH 506 Functnl Anatomy/OT	(3)		OCTH 607 Intervntn/Phys			
OCTH 507 Evidence Based Practice	(3)		OCTH 609 Occ Prf/Late C			
OCTH 508 Interventn in Cognition	(3)		OCTH 610 Level IIA Field			
OCTH 511 Leadership & Mgmt	(3)		OCTH 611 Level IIB Field	work (9)_		
Tradal Constitution						
Total Credit Hours: (minimum of 72 required)						
1 /						
Copy to Registrar on:	Pate:	_	Grad. Audit sent o	<b>n:</b> Date: _		
Student Signature:				Date:		
Advisor Signature:				_ Date: _		
Chair, Allied Health:				Date:		
D 1114/11 C						
Dean, Hlth/Human Srvcs:				_ Date: _		
Dir of Graduate Division:				Date:		

Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate degree.

2013-14 Catalog revised 06/13