

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Graduate Certificate - Chemical Dependency Counseling (2002)**  
**Department of Interdisciplinary Studies**

**Student Name:** \_\_\_\_\_

**ID#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

\_\_\_\_\_  
(Please include street, city, state, & zip code)

**Email:** \_\_\_\_\_

**Expected Completion:** \_\_\_\_\_

**Date Admitted to Graduate School:** \_\_\_\_\_

**Catalog Authority:** \_\_\_\_\_

**Program: GC-CHDP (18 credits required)**

<u>Course Prefix and Number</u>	<u>Course Title</u>	<u>Credi</u>	<u>Sem/Year</u>	<u>Grade</u>
Course: _____	_____	(3)	_____	_____
Course: _____	_____	(3)	_____	_____
Course: _____	_____	(3)	_____	_____
Course: _____	_____	(3)	_____	_____
Course: _____	_____	(3)	_____	_____
Course: _____	_____	( )	_____	_____
Course: _____	_____	( )	_____	_____
Course: _____	_____	( )	_____	_____
Course: _____	_____	( )	_____	_____

**Total Credit Hours:** \_\_\_\_\_  
(18 hours required.)

**Copy to Registrar on:** Date: \_\_\_\_\_

**Grad. Audit sent on:** Date: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**Advisor or Department Chair Signature:** \_\_\_\_\_

**Signed as:** Advisor ☐

Chair ☐

Date: \_\_\_\_\_

**Chair, Interdisciplinary Studies:** \_\_\_\_\_

Date: \_\_\_\_\_

**Director 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.