

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Gerontology Minor (0842)**  
**School of Allied Health**

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(city, state, zip) \_\_\_\_\_ Tel #: \_\_\_\_\_  
Catalog Authority: \_\_\_\_\_ Expected Completion: \_\_\_\_\_ Advisor: \_\_\_\_\_

**GERONTOLOGY REQUIRED COURSE (18 credit hours)**

| <u>Course(Credits)</u>                     | <u>Sem/Year</u> | <u>Grade</u> |
|--|-----------------|--------------|
| HLTH 465 Wellness of the Senior Population | (3) _____       | _____        |
| KINS 460 Exercise & Aging                  | (3) _____       | _____        |
| NUR 401 Gerontological Nursing             | (3) _____       | _____        |
| PSY 427 Lifespan Personality Development   | (3) _____       | _____        |
| SOC 420 Sociology of Aging                 | (3) _____       | _____        |
| SWK 403 Social Work Practice with the Aged | (3) _____       | _____        |

**Optional Courses - 6 Upper Division Credits in any of the Following Areas:**

**KIN, HLTH, NUR, PSY, SOC or SWK**

| <u>Course(Credits)</u> | <u>Sem/Year</u> | <u>Grade</u> |
|------------------------|-----------------|--------------|
| Course: _____          | (3) _____       | _____        |
| Course: _____          | (3) _____       | _____        |

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**Total Hours (minimum of 18 required):** \_\_\_\_\_

**Original completed on (date):** \_\_\_\_\_ **Copy to Registrar on (date):** \_\_\_\_\_

**Updated:** \_\_\_\_\_ **Grad. Audit sent on (date):** \_\_\_\_\_

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

**Advisor Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_