

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Rehabilitation Services Minor (5202)**  
**School of Allied Health**

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(city, state, zip) \_\_\_\_\_ Tel #: \_\_\_\_\_  
Catalog Authority: \_\_\_\_\_ 2018-19 Expected Completion: \_\_\_\_\_ Advisor: \_\_\_\_\_

**Rehabilitation Services requirement (3 credit hours)**

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
RHAB 310 Introduction to Rehabilitation	(3) _____	_____

**Rehabilitation Services Electives (15 credit hours required)**

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

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

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

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

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

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