

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: _____ 2019-20 _____ 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: _____ () _____	_____	_____

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:** _____