

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Master of Occupational Therapy (5204)**  
**School of Allied Health**

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

(incl street, city, state, zip) \_\_\_\_\_ Catalog Authority: \_\_\_\_\_

Email Address: \_\_\_\_\_ Advisor: \_\_\_\_\_

Intake Interview Date: \_\_\_\_\_ Date Admitted to Graduate School: \_\_\_\_\_

Date Admitted to MOT Program: \_\_\_\_\_

**Core Requirements**

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
OCTH 500 Occupations	(3) _____	_____	OCTH 600 Assessmnt/Eval Tools	(2) _____	_____
OCTH 501 Theory I	(3) _____	_____	OCTH 601 Occ Perf/Inf, Chld, Adole: (5)	_____	_____
OCTH 502 Applied Neuroscience	(4) _____	_____	OCTH 603 Emerging Practice	(3) _____	_____
OCTH 503 Occup Perf/Mental Hlth	(5) _____	_____	OCTH 604 Occ Perf/Adult, Geriatr	(5) _____	_____
OCTH 504 Research I	(3) _____	_____	OCTH 605 Evidence Based Practice	(2) _____	_____
OCTH 505 Theory II	(3) _____	_____	OCTH 606 Research II	(3) _____	_____
OCTH 511 Leadership & Mgmt	(4) _____	_____	OCTH 610 Level IIA Fieldwork	(9) _____	_____
			OCTH 611 Level IIB Fieldwork	(9) _____	_____

**Total Credit Hours:** \_\_\_\_\_

(minimum of 63 required)

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

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

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

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

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

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

**Dean, Schl of Allied Health:** \_\_\_\_\_

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

**Assoc VP Academic Affairs/**

**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.