

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: 2014-15

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	(2) _____	_____	OCTH 512 Fldwrk I-Psychosoc	(3) _____	_____
OCTH 501 Theory I	(3) _____	_____	OCTH 600 Assessmnt/Eval Tools	(3) _____	_____
OCTH 502 Applied Neuroscience	(4) _____	_____	OCTH 601 Occ Prf/Early-Mid Chld	(3) _____	_____
OCTH 503 Occup Perf/Mental Hlth	(3) _____	_____	OCTH 603 Emerging Practice	(3) _____	_____
OCTH 504 Research I	(3) _____	_____	OCTH 604 Occ Perf/Adult, Geriatr	(3) _____	_____
OCTH 505 Theory II	(3) _____	_____	OCTH 606 Research II	(3) _____	_____
OCTH 506 Functnl Anatomy/OT	(3) _____	_____	OCTH 607 Intervntn/Phys Dysfct	(3) _____	_____
OCTH 507 Evidence Based Practice	(3) _____	_____	OCTH 609 Occ Prf/Late Chld-Adol	(3) _____	_____
OCTH 508 Intervntn in Cognition	(3) _____	_____	OCTH 610 Level IIA Fieldwork	(9) _____	_____
OCTH 511 Leadership & Mgmt	(3) _____	_____	OCTH 611 Level IIB Fieldwork	(9) _____	_____

Total Credit Hours: _____
 (minimum of 72 required)

Copy to Registrar on: Date: _____ **Grad. Audit sent on:** Date: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Chair, Allied Health: _____ Date: _____

Dean, Hlth/Human Srvcs: _____ Date: _____

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.