

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Master of Occupational Therapy (5204)**  
**School of Health Sciences & Human Performance**  
**Department of Allied Health**

Student Name: _____	ID# _____
Complete Mailing Address: _____ (incl street, city, state, zip)	Telephone: _____
Email Address: _____	Advisor: _____
Intake _____	Date Admitted _____
Interview Date: _____	Date Admitted to MOT Program: _____
	to Graduate School: _____

**Occupational Therapy Core Requirements (63 credits)**

<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	(3) _____	_____	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 510 Level I Fieldwork	(2) _____	_____	OCTH 610 Level IIA Fieldwork	(9) _____	_____
OCTH 511 Leadership & Mgmt	(3) _____	_____	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:** \_\_\_\_\_

**Chair, Dept. 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.