

New Student Rehabilitation Services Program Degree Check List Form - side A

updated 10/12/06

Name _____

Date of Entry in Major _____

Advisor _____

Social Security # _____

Specialization(s) _____

GENERAL EDUCATION

Course	Course Prefix	Credits	Sem./Yr Enrolled	Grade
ENG 100 or FYS Comp. Seminar	_____	4	_____	_____
FYS 100	_____	4	_____	_____
MAT Course 100 level or above	_____	4	_____	_____
NATURAL SCIENCE W/LAB (not BIO)	_____	4	_____	_____
BIO 150	_____	4	_____	_____
SOCIAL SCIENCES (8 TOTAL HOURS FROM 2 DIFFERENT DISCIPLINES)	_____	_____	_____	_____
	_____	_____	_____	_____
HUMANITIES	_____	4	_____	_____
FINE ARTS	_____	4	_____	_____
FITNESS ACTIVITY	_____	0	_____	_____
OTHER GENERAL EDUCATION	_____	_____	_____	_____
OTHER GENERAL EDUCATION	_____	_____	_____	_____

RELATED ARTS & SCIENCES

Choose 12 hours from the following: ANT, PSY, HON, and SOC 200 or above and ANT 301, BUS 210, 220, 310, 311, 320, GEO 230, GEO 325, POS 200S, POS 302

Course Prefix	Credits	Sem./Yr Enrolled	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2 UNITS OF CROSS CULTURAL PERSPECTIVES

Course Prefix	Credits	CCP Units	Sem./Yr Enrolled	Grade	
_____	_____	_____	_____	_____	most CCPs are worth 1 unit but not all
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

PROFESSIONAL REQUIREMENTS IN REHABILITATION

grade of C or higher		Credits	Sem./Yr Enrolled	Grade
REC 140	Intro. to T.R.	4	_____	_____
REH 110	Intro. to Disability Services	4	_____	_____
REH 200	Counseling & the Helping Rel.	4	_____	_____
REH 205	Group Process in Human Ser.	4	_____	_____
REH 310	Casework	4	_____	_____
REH 380	Seminar In Professional Develc	4	_____	_____
REH 395	Practicum in Reh. & Human Se	4	_____	_____
REH 480	Seminar in Reh. & Human Ser.	4	_____	_____
REH 495	Intern. in Rehab. & Human Ser	12	_____	_____

12 CREDITS OR MORE FROM WITHIN THE MAJOR

(REH courses or REC courses with a therapeutic recreation emphasis)

Course Prefix	Credits	Sem./Yr Enrolled	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GENERAL ELECTIVES

Course Prefix	Credits	Sem./Yr Enrolled	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: ADVISOR KEEPS ORIGINAL COPY FOR STUDENT FILE AND GIVES THE STUDENT A COPY AT EACH MEETING.

Name _____

New Student Rehabilitation Services Program Degree Check List Form side B

Graduation Plan - write in semester and year

1st Semester/year		
Course	Credit Hours	Grade

Sem. Subtotal ____ Grand Total ____

2nd Semester/year		
Course	Credit Hours	Grade

Sem. Subtotal ____ Grand Total ____

3rd Semester/year		
Course	Credit Hours	Grade

Sem. Subtotal ____ Grand Total ____

4th Semester/year		
Course	Credit Hours	Grade

Sem. Subtotal ____ Grand Total ____

5th Semester/year		
Course	Credit Hours	Grade

Sem. Subtotal ____ Grand Total ____

6th Semester/year		
Course	Credit Hours	Grade

Sem. Subtotal ____ Grand Total ____

7th Semester/year		
Course	Credit Hours	Grade

Sem. Subtotal ____ Grand Total ____

8th Semester/year		
Course	Credit Hours	Grade

Sem. Subtotal ____ Grand Total ____

9th Sem. if needed/year			10th Sem. if needed/year		
Course	Credit Hours	Grade	Course	Credit Hours	Grade

Sem. Subtotal ____ Grand Total ____ Sem. Subtotal ____ Grand Total ____

Optional

Specialization Interest - please circle chosen specialization(s)
 Addiction
 Psychosocial
 Career
 Therapeutic Recreation

Please Note: A Specialization Form must be completed.

Mental Health Rehabilitation Technician Community MHRT-C
 Successful completion of REH 320 and REH 330
 Students who would like to apply for this certification may do so by filling out an application available from the Department Administrative Assistant.

Comments

NOTE - students are responsible for graduation requirements. Please consult UMF catalog for specific requirements.

Dates met with student

____ mo./yr ____ mo./yr ____ mo./yr ____ mo./yr ____ mo./yr ____ mo./yr ____ mo./yr ____ mo./yr ____ mo./yr ____ mo./yr ____ mo./yr

____ Student Signature ____ date ____ Advisor Signature ____ date ____ Dept. Chair Signature ____ date