UNIVERSITY OF NORTH TEXAS GRADUATE SCHOOL Master's Degree Plan

The original and four copies of this for	m must be submitted to th	ne Office of the Graduate Dean for approval.	
Name: Name		ID. No.:	
Home Address: Address			
Master's degree to be earned: M.S.		Major: Rehabilitation Counseling	
Minor: N/A		Specialization Area: Rehabilitation Counseling	
Major Professor:		Minor Professor: N/A	
Any deficiencies in undergraduate prere	equisites: None		
		program has been completed rests entirely upon the date in force during your final semester. See G	
The number of UNT off-campus residence of the Graduate Dean for information conce		ed on the master's degree, is limited by state regul	ations. Consult the Office
Identify transfer courses with school abbrev approved.	riation and date completed.	Official transcripts of transfer work must be filed l	before courses can be
	Courses to be complet	ted for the master's degree	
Course Prefix and No.	Date Completed	Course Prefix and No.	Date Completed
RHAB 5700		Elective (3 hours)	
RHAB 5710			
RHAB 5715			
RHAB 5720			
RHAB 5721			
RHAB 5723			
RHAB 5730			
RHAB 5731			
RHAB 5740			
RHAB 5741			
RHAB 5742			
RHAB 5770			
RHAB 5811			
RHAB 5812 (6 hours)			
Admission to candidacy is recommended:		Total Semester hours required:	48
Major Professor		Department Chairperson	
		Date	
	To Be Complete	d by Graduate Dean	
The student is admitted to candic	lacy:		
Date		Dean of Graduate School	