

**College of Public Health and Health Professions  
Health Science Plan of Study - Pre-OT**

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NAME: \_\_\_\_\_ UFID: \_\_\_\_\_

Entering Term/Year \_\_\_\_\_

**Fall Semester \_\_\_\_\_, Junior Year**

Course	Hrs.	Title
HSC 3502	3	Survey of Diseases and Disability
HSA 3111	3	U. S. Health Care System
STA 3024	3	Advanced Statistics
OTH 3200	3	Applied Human Development I

**Total** \_\_\_\_\_ (3000 level and above credit hours)

**Spring Semester \_\_\_\_\_, Junior Year**

Course	Hrs.	Title
HSC 3057	4	Research Methods and Issues in Health Care
HSC 4558	3	Disability Management
OTH 3201	2	Applied Human Development II
OTH 3416	3	Pathophysiology
PHC 4101	3	Public Health Concepts

**Total** \_\_\_\_\_ (3000 level and above credit hours)

**Fall Semester \_\_\_\_\_, Senior Year**

Course	Hrs.	Title
HSC 4184	3	Leadership Skills and Styles
HSC 3661	2	Therapeutic Communication Skill
OTH 4418	3	The Nervous System and Disorders
OTH 4418L	2	The Nervous System and Disorders Lab
RCS 4415	1	Therapeutic Communication Skills Labs

**Total** \_\_\_\_\_ (3000 level and above credit hours)

**Spring Semester \_\_\_\_\_, Senior Year**

Course	Hrs.	Title
HSC 4652	3	Ethical and Legal issues in the Health Professions
HSC 4608L	4	Critical Thinking
OTH 4412L	2	Musculoskeletal Anatomy Lab
OTH 3413	3	Applied Kinesiology
OTH 4412L	2	Musculoskeletal Anatomy Lab

**Total** \_\_\_\_\_ (3000 level and above credit hours)

Program must total **120 hours** with a minimum of **60 hours of 3000 level courses** and above.

My signature below indicates that I understand my program must total 120 hours with a minimum of 60 hours of 3000 level courses and above; my plan of study meeting these requirements has been reviewed with me. I understand that the electives I have noted on my plan of study may not be scheduled at times needed to complement my core course schedule and that core course completion takes precedence every semester. It is my responsibility to ensure completion of the necessary hours for graduation in the number of semesters indicated on my plan of study regardless of whether I am able to register for the specific electives listed on the plan above. I further understand that any changes in my plan of study must be approved by the BHS Program Director, who will note the changes directly on the original Plan of Study form (changes must be initialed). I will receive a copy of the plan of study.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by BHS Program Director

\_\_\_\_\_  
Date

(Original Plan of Study)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by BHS Program Director

\_\_\_\_\_  
Date

(Changed Plan of Study)

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*Summer Semester* \_\_\_\_\_

Course	Hrs.	Title

**Total** \_\_\_\_\_ (3000 level and above credit hours)

*Summer Semester* \_\_\_\_\_

Course	Hrs.	Title

**Total** \_\_\_\_\_ (3000 level and above credit hours)

*3000/4000 Level Courses taken Before Entering Program*

Course	Hrs.	Title

**Total** \_\_\_\_\_

*Total program Evaluation*

Level	120 Hours (all courses)	60 Hours (3000+ Level Courses )
Freshman/Sophomore		
Junior		
Senior		
Summer		
<b>Total</b>		
<b>Missing</b>		

Program must total **120 hours** with a minimum of **60 hours of 3000 level courses** and above.