

**College of Public Health and Health Professions
Rehabilitative Services Plan of Study**

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NAME: _____

UFID: _____ Entering Term/Year _____

Fall Semester _____, Junior Year

Course	Hrs	Title
RCS 3030	3	Introduction to Rehabilitation and Human Services
RCS 4061	3	Psychosocial Aspects of Rehabilitation
HSC 3502	3	Survey of Diseases and Disability
HSA 3111	3	U. S. Health Care System

Total _____ (3000 level and above credit hours)

Spring Semester _____, Junior Year

Course	Hrs	Title
RCS 4240	3	Vocational Services in Health, Rehabilitation, and Human Services
HSC 4558	3	Disability Management
PHC 4101	3	Public Health Concepts

Total _____ (3000 level and above credit hours)

Fall Semester _____, Senior Year

Course	Hrs	Title
RCS 4800	3	Rehabilitation and Human Services Practicum I
RCS 4930	3	Special Topics in Rehabilitative Services (Case Management)
HSC 3537	3	Health and Medical Terminology (May be taken any semester)
HSC 3661	2	Therapeutic Communication Skills
RCS 4415	1	Therapeutic Communication Skills Lab

Total _____ (3000 level and above credit hours)

Spring Semester _____, Senior Year

Course	Hrs	Title
RCS 4451	3	Rehabilitation Aspects of Substance Abuse

Total _____ (3000 level and above credit hours)

Program must total **120 hours** with a minimum of **60 hours of 3000 level courses** and above (including 9 hours of approved PPHP electives).

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 (including 9 hours of approved PPHP electives); 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 to core courses or college electives 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
_____	_____	_____	_____
Student Signature	Date	Approved by BHS Program Director	Date

(Original Plan of Study)
(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		
Total		
Missing		

Program must total **120 hours** with a minimum of **60 hours of 3000 level courses** and above (including 9 hours of approved PPHP electives).