

Graduate School
GRADUATE DEGREE PLAN



Occupational Therapy

Degree Code: GR-MOT-OCTM

CIP: 512306

NAME: _____
 Last First Middle/Maiden

DEGREE SOUGHT: MOT **Catalog Year:** 2021-2022

ADDRESS: _____

GRADUATE MAJOR: Occupational Therapy

CONCENTRATION: _____

CWID: _____

SEMESTER/TERM AND YEAR OF FIRST ENROLLMENT IN ULM GRADUATE SCHOOL: Semester _____ Year _____

UNDERGRADUATE DEFICIENCIES	COURSE	COURSE TITLE	HRS	Semester	GRADE/NOTES
Major area of study:	OCCT 5010	Neurology for Occupational Therapy Practitioners	3	F 2021	
	OCCT 5020	Foundations of Occupational Therapy	3	F 2021	
	OCCT 5030	Foundations of Research and Evidence-Based Practice	3	F 2021	
	OCCT 5040	Kinesiology in the Context of Activity	3	F 2021	
Undergraduate deficiencies to be completed:	OCCT 5060	Occupational Therapy Methods and Application	3	Sp 2022	
	OCCT 5070	Occupational Therapy Methods and Application Lab	3	Sp 2022	
	OCCT 5080	Applied Reasoning & Theory	3	Sp 2022	
	OCCT 5090	Evidence-Based Practice & Best Practices	3	Sp 2022	
Courses	OCCT 5100	Assistive Technology to Enhance Occupational Performance	3	Su 2022	
	OCCT 5110	Occupational Therapy Assessment	3	Su 2022	
	OCCT 5120	Special Topics & Current Trends	3	Su 2022	
	OCCT 5130	Applied OT Research I (Seminar)	3	Su 2022	
	OCCT 5140	Psychosocial Practice Across the Lifespan	3	F 2022	
	OCCT 5150	Occupation Based Practice - Adult	3	F 2022	
	OCCT 5160	Occupation Based Practice - Child	3	F 2022	
	OCCT 5170	Applied OT Research II	3	F 2022	
Total Hours _____	OCCT 5180	Management & Administration	3	Sp 2023	
	OCCT 5190	Practice and Reasoning - Psychosocial	3	Sp 2023	
Comments:	OCCT 5200	Practice and Reasoning - Child	3	Sp 2023	
	OCCT 5210	Practice and Reasoning - Adult	3	Sp 2023	
	OCCT 5230	Clinical Practice I	6	Su 2023	
	OCCT 5240	Clinical Practice II	6	F 2023	
	TOTAL HOURS			72	

TRANSFER CREDIT: List all credit to be transferred to graduate program (Courses must be shown as they appear on the official transcript. List course and number, semester hours, institution, semester/quarter and year course taken, and grade received.)

Approved:

Dr. Donna Eichorn _____ Signature _____ Date _____
 Committee Member

Dr. Carolyn Murphy _____ Signature _____ Date _____
 Committee Member

Dr. Patti Calk _____ Signature _____ Date _____
 Graduate Program Coordinator /Committee Member

Dr. Sushma Krishnamurthy _____ Signature _____ Date _____
 Dean, Graduate School