**B.S. Vocational Rehabilitation**

**Individualized Rehabilitation Concentration**

*(Twenty-two credits are required to complete this concentration.*)

**INSTRUCTIONS:** The Individualized Rehabilitation Concentration must be developed with input from your faculty advisor and approved by the Program Director. After discussion with your faculty advisor, you must complete the form and both you and your advisor must sign this form. The narrative description of your concentration, under "justification," is important and should be carefully prepared. This information and the title that you give to the concentration are what officially go into your records. The "justification" should clearly explain (1) the application of your concentration to rehabilitation and (2) the relationship among the courses selected. **THIS FORM SHOULD BE COMPLETED AND SIGNED BY THE FIRST SEMESTER OF YOUR JUNIOR YEAR.**

CONCENTRATION TITLE: ______________________________________________________________

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<tr>
<th>COURSE NUMBER</th>
<th>COURSE NAME</th>
<th>CREDITS</th>
<th>GRADE</th>
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**TOTAL CREDITS:**

*A minimum grade of "C" is required in all concentration courses.*

**JUSTIFICATION:**

**********************************************************************************

Sign upon Development of Concentration**********************************************************************************

__________________________  ______________________
Student Signature  Faculty Advisor Signature

Approval by Program Director  Date of Agreement

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(Forward completed form to Registration & Records 109 Bowman Hall)

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__________________________  ______________________
Student Signature  Faculty Advisor Signature

Approval by Program Director  Date of Completion