

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Chemical Dependency Minor (2002)**  
**Department of Business Administration and Criminal Justice**

Student Name: \_\_\_\_\_ SSN# \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Catalog Authority: \_\_\_\_\_ Expected Completion: \_\_\_\_\_ Advisor: \_\_\_\_\_

**CHEMICAL DEPENDENCY CORE REQUIREMENTS (18-21 credit hours)**

| <u>Course(Credits)</u>                                     | <u>Sem/Year</u> | <u>Grade</u> |
|--|-----------------|--------------|
| CJUS/PSY/SOC 201 Introduction to Addiction Counseling (3)  | _____           | _____        |
| CJUS/PSY/SOC 303 The Addictive Process (3)                 | _____           | _____        |
| CJUS/PSY/SOC 304 Helping Skills in Chemical Dependency (3) | _____           | _____        |
| CJUS/PSY/SOC 305 Chemical Dependency and the Family (3)    | _____           | _____        |
| CJUS/PSY 408 Alcohol & Drug Abuse Counselors Institute (3) | _____           | _____        |
| CJUS/PSY 481 Internship in Chemical Dependency (3-6)       | _____           | _____        |

**GUIDED ELECTIVE COURSES (6 hours minimum)**

**Select 6 credit hours from the following electives:**

| <u>Course(Credits)</u>                                      | <u>Sem/Year</u> | <u>Grade</u> |
|---|-----------------|--------------|
| CJUS/PSY/SOC 306 Codependency (3)                           | _____           | _____        |
| CJUS/PSY/SOC 307 Special Populations in Chem Dependency (3) | _____           | _____        |
| CJUS/PSY/SOC 403 Advanced Helping Skills in Chem Dep (3)    | _____           | _____        |
| CJUS/PSY/SOC 404 Professional Principles in Chem Dep (3)    | _____           | _____        |
| CJUS/PSY 412 Psychopathology (3)                            | _____           | _____        |
| CJUS/PSY 420 Diagnostics & Evaluation (3)                   | _____           | _____        |

**Total credit hours (minimum of 24 required):** \_\_\_\_\_

**Original completed on (date):** \_\_\_\_\_ **Copy to Registrar on (date):** \_\_\_\_\_

**Updated on (date):** \_\_\_\_\_ **Grad. Audit sent on (date):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_