**Curriculum Map**

**University Name:**

**Program Name:**  **Total Program Credit Hours:**

**College Name:**  **Department/School Name:**

**Provide a summary of how the curriculum meets the learning outcome goals described in questions 18-21**.

**Identify Work Based Learning Experiences (internships, clinicals, etc). List courses.**

**Describe concentration requirements or alternate tracks.**

**Major Required Courses**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Term (if relevant)** | **NEW** | **Course Prefix/Number** | **Course Title** | **Course Description** | **Pre/Co-requisites** | **Credit Hours** | **Clinical Hours** | **Gen Ed** |
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| **Concentration Name/Alternative Track (if relevant)** |
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**UGRD Programs: Semester by semester course guide for a full-time student enrolled in at least 15 units per semester. Use the catalog as a guide.**

|  |  |
| --- | --- |
| **Year 1, Semester 1** | **Year 1, Semester 2** |
|  |  |
| **Year 2, Semester 1** | **Year 3, Semester 2** |
|  |  |
| **Year 4, Semester 1** | **Year 4, Semester 2** |
|  |  |
| **Year 4, Semester 1** | **Year 4, Semester 2** |
|  |  |

**Grad Programs: Provide full program requirements (courses, thesis/non-thesis, comprehensive exam, etc.)**

**Certificate Programs: Provide full program requirements.**