

COMPLETION TERM MAY: \_\_\_\_ AUG: \_\_\_\_ DEC: \_\_\_\_ Year: \_\_\_\_ C#: \_\_\_\_

PRINT NAME EXACTLY AS DIPLOMA SHOULD READ: \_\_\_\_\_

MAILING ADDRESS TO SEND PRINTED DIPLOMA: \_\_\_\_\_

\_\_\_\_\_  
APT. \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CEREMONY (CHECK ONE): WILL \_\_\_\_ OR WILL NOT ATTEND \_\_\_\_

Will attend ceremony short credits ( $\leq 6$  cr.): \_\_\_\_ Will transfer credits back from: \_\_\_\_\_

Discipline	Credit Hours	Course Title	Scheduled	Transfer	Crs. Earned
Human Services (30 Credits)	3	HUS 101-Intro to Human Services			
	3	HUS 105- Intro to Basic Counseling Skills			
	3	HUS 108- Foundations for the Chemical Dependency Professional			
	3	HUS 110-Critical Issues in Chemical Dependency			
	3	HUS 175-Ethics of Chemical Dependency Counseling			
	3	HUS 201-Social Services Agencies			
	3	HUS 206-Group Skills			
	3	HUS 210-Identification, Diagnosing & Treatment Planning			
	6	HUS 284 Internship & Seminar for CASAC			
Total	30				

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_