

Completion Term May: ____ Aug: ____ Dec: ____ Year: ____ ID#: C ____

Print Name Exactly as Diploma Should Read: _____

Mailing Address to Send Printed Diploma: _____

City: _____ State: _____ Apt. _____
Zip Code: _____

Phone: _____ Email: _____

Ceremony (Check One): Will Attend ____ or Will Not Attend ____

Will attend ceremony short credits (≤ 6 cr.): ____ Will transfer credits back from: _____

Discipline	Credit Hours	Course Title	Scheduled	Credits Earned
Human Services (30 Credits)	3	HUS 101–Introduction to Human Services		
	3	HUS 105–Introduction to Basic Counseling Skills		
	3	HUS 108–Foundations for the Chemical Dependency Professional		
	3	HUS 110–Critical Topics in Chemical Dependency		
	3	HUS 175–Ethics of Chemical Dependency Counseling		
	3	HUS 200–Case Management & Crisis Intervention		
	3	HUS 206–Group Skills for Human Services		
	3	HUS 210–Identification, Diagnosing, & Treatment Planning		
	6	HUS 284–Internship and Seminar for CASAC		
Total	30			

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____