

Substance Abuse Recovery Coach - My Academic Plan (MAP)

<i>Date</i>	<i>Student Name</i>	<i>Advisor Name</i>	<i>Area of Focus</i>
		JAHRAEL BURRELL	
<i>KCTCS ID Number</i>	<i>Student Phone</i>	<i>Advisor Phone</i>	<i>Minimum Hours Required</i>
		270-707-3879	24

Student Signature: _____

Advisor Signature: _____ JAHRAEL BURRELL

Required Human Services Courses		Hrs	Course	Semester Taken	Comments
HMS 101	Human Services Survey	<input type="checkbox"/>	3		
HMS102	Values of Human Services	<input type="checkbox"/>	3		
HMS 103	Theories and Techniques in Human Services	<input type="checkbox"/>	3		
HMS 104	Group Dynamics	<input type="checkbox"/>	3		
HMS 210	Drugs and Society	<input type="checkbox"/>	3	SPRING 2017	

Either/Or coursework		Hrs	Course	Semester Taken	Comments
SWK 275 / FAM 252	Family or Family Science	<input type="checkbox"/>	3		
HMS 211/ SWK 255	Introduction to Addictions	<input type="checkbox"/>	3		
HMS 212/ SWK 260	Crisis Intervention	<input type="checkbox"/>	3		

