**Application Form**

**Graduate Minor in Integrated Behavioral Health (IBH)**

This form informs the Counseling and Educational Psychology Department of your intention to pursue the Minor but does not commit you to completing the IBH Minor before you graduate.

**Return completed form to:**

**CEP Program Coordinator**

**y1banez@@nmsu.edu**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banner ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please outline the courses you have taken toward the Minor OR your proposed plan for completing course requirements. This plan should be approved by the CEP Program Coordinator.

**(A minimum of 9 credits)**

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| **COURSE NUMBER** | **COURSE TITLE** | **CREDITS** | **SEMESTER** | **GRADE** |
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**Integrated Fieldwork/Practicum Placement Site (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Coordinator**