UNIVERSITY OF PITTSBURGH

SCHOOL OF HEALTH AND REHABILITATION SCIENCES

Plan of Studies

|  |  |  |
| --- | --- | --- |
| MR.-MS.-MRS. | PRINT - LAST NAME FIRST NAME MIDDLE OR MAIDEN NAME | PEOPLESOFT ID |
| PRESENT MAILING ADDRESS - STREET CITY, STATE AND ZIP CODE | PHONE (AREA CODE & NO.)( ) - |
| PERMANENT MAILING ADDRESS - STREET CITY, STATE AND ZIP CODE | PHONE (AREA CODE & NO.)( ) - |
| STATUSFULL TIME PART TIME | BS CDN CSD DPT EM HIM MOT RS RS/ATMRT Rehabilitation Technology PhD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Indicate Emphasis) (Indicate Emphasis) | DATE ADMITTED/ / |
| COURSE NO.(\* REQUIRED) (Ex. RT 3000) | TITLE OF COURSE | UNIVERSITY WHERE TAKENEXPERIENCE | YEAR/TERM | GRADE | CREDIT |
| \*RT 2101 | Fundamentals of Rehabilitation and Assistive Technology Applications | University of Pittsburgh |  |  | 3 |
| \*RT 2102 | Fundamentals of Rehabilitation and Assistive Technology Design | University of Pittsburgh |  |  | 4 |
| \*RT 2103 | Individual and Social Experience of Disability | University of Pittsburgh |  |  | 3 |
| \*RT 2104 | Functional and Medical Aspects of Disability Related to Assistive Technology | University of Pittsburgh |  |  | 2 |
| \*RT 2105 | Introduction to Evidence-Based Practice and Research Methodologies | University of Pittsburgh |  |  | 3  |
| \*RT 2206 | Rehabilitation and Assistive Technology Practices | University of Pittsburgh |  |  | 3 |
| \*RT 2207 | Client Centered Rehabilitation and Assistive Technology Design | University of Pittsburgh |  |  | 3 |
| \*RT 2208 | Ethical Issues in Healthcare | University of Pittsburgh |  |  | 3 |
| \*RT 2209 | Clinical Applications of Seating & Mobility | University of Pittsburgh |  |  | 3 |
| \*RT 2210 | Assistive Technology Funding, Policy, & Management | University of Pittsburgh |  |  | 3 |
| \*RT 2311 | Internship | University of Pittsburgh |  |  | 3 |
| \*RT 2313 | Scholarly Paper | University of Pittsburgh |  |  | 2 |
|  |  |  |  |  |  |
|  |  | **Total Core Requirements (35)** |  |  |  |
|  |  |  |  |  |  |
| **Electives** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Total Required (35)** |  |  |  |
|  | **Overall QPA** |  |
|   |
| STUDENT’S SIGNATURE DATE/ / | ADVISOR’S SIGNATURE DATE/ / |