**Name of Concentration, Program**

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| **Old Plan of Study** |  |  | **New Plan of Study** |  |  |
| **Required Courses****Course number: Title of Course** | Pre-practicum Hours | Credits | **Required Courses****Course number: Title of Course** | Pre-practicum Hours | Credits |
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| **TOTAL CREDITS FOR PROGRAM** |  |  | **TOTAL CREDITS FOR PROGRAM** |  |  |