

Name _____
 Address _____

 Phone _____
 Email _____
 SSN _____

Circle all that apply: MS Med MA (Thesis)

Program (Circle One): Generic Certification No Certification EBD/Autism Emphasis

Generic Certification MA (Thesis) (no comp)					Generic MS/M.ED.					Generic with EBD/Autism Emphasis				
	Courses Transferred or Complete	Date	Courses to Complete	Hours to Complete		Courses Transferred or Complete	Date	Courses to Complete	Hours to Complete		Courses Transferred or Complete	Date	Courses to Complete	Hours to Complete
<u>Core Courses</u>					<u>Core Courses</u>					<u>Core Courses</u>				
SpEd 520	_____	_____	_____	_____	SpEd 520	_____	_____	_____	_____	SpEd 520	_____	_____	_____	_____
SpEd 553	_____	_____	_____	_____	SpEd 553	_____	_____	_____	_____	SpEd 553	_____	_____	_____	_____
SpEd 580	_____	_____	_____	_____	SpEd 580	_____	_____	_____	_____	SpEd 580	_____	_____	_____	_____
Psy/SpEd 535	_____	_____	_____	_____	Psy/SpEd 535	_____	_____	_____	_____	Psy/SpEd 535	_____	_____	_____	_____
<u>Characteristics</u>					<u>Characteristics</u>					<u>Characteristics</u>				
SpEd 524	_____	_____	_____	_____	SpEd 524	_____	_____	_____	_____	SpEd 561	_____	_____	_____	_____
SpEd 526	_____	_____	_____	_____	SpEd 526	_____	_____	_____	_____	SpEd 526	_____	_____	_____	_____
<u>Methods</u>					<u>Methods</u>					<u>Methods</u>				
SpEd 582	_____	_____	_____	_____	SpEd 582	_____	_____	_____	_____	SpEd 582	_____	_____	_____	_____
SpEd 584	_____	_____	_____	_____	SpEd 584	_____	_____	_____	_____	SpEd 584 (3)	_____	_____	_____	_____
<u>Research</u>					<u>Research</u>					SpEd 563	_____	_____	_____	_____
Psy/SpEd 605 or Psy 612	_____	_____	_____	_____	SpEd 595	_____	_____	_____	_____	<u>Research</u>				
SpEd 518 (6 SH)	_____	_____	_____	_____	Psy/SpEd 605	_____	_____	_____	_____	SpEd 595 (1)	_____	_____	_____	_____
<u>Electives</u> (One elective in Psy/SpEd or approved)	_____	_____	_____	_____	<u>Electives</u> (Two electives in Psy/SpEd or approved)	_____	_____	_____	_____	Psy/SpEd 605	_____	_____	_____	_____
										<u>Electives</u>				
										SpEd 564 or 563	_____	_____	_____	_____
										SpEd 597	_____	_____	_____	_____

Advisor: _____

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Circle all that apply: MS ME MA (Thesis)

Program (Circle One): Generic Certification No Certification EBD/Autism Emphasis

M.A. Thesis No Certification (no comp)

M.S./M.Ed., No Certification

	Courses Transferred or Complete	Date	Courses to Complete	Hours to Complete		Courses Transferred or Complete	Date	Courses to Complete	Hours to Complete	
<u>Core Courses</u>					<u>Core Courses</u>					
SpEd 520	_____	_____	_____	_____	SpEd 520	_____	_____	_____	_____	
SpEd 553	_____	_____	_____	_____	SpEd 553	_____	_____	_____	_____	
SpEd 580	_____	_____	_____	_____	SpEd 580	_____	_____	_____	_____	
Psy/SpEd 535	_____	_____	_____	_____	Psy/SpEd 535	_____	_____	_____	_____	
<u>Characteristics</u>					<u>Characteristics</u>					
Two from:					Two from:					
SpEd 524	_____	_____	_____	_____	SpEd 524	_____	_____	_____	_____	
SpEd 526	_____	_____	_____	_____	SpEd 526	_____	_____	_____	_____	
SpEd 561	_____	_____	_____	_____	SpEd 561	_____	_____	_____	_____	
<u>Electives</u>					<u>Methods</u>					
Three Psy/SpEd approved electives	_____	_____	_____	_____	Three from:					
	_____	_____	_____	_____	SpEd 563	_____	_____	_____	_____	
	_____	_____	_____	_____	SpEd 564	_____	_____	_____	_____	
	_____	_____	_____	_____	SpEd 582	_____	_____	_____	_____	
					SpEd 584	_____	_____	_____	_____	
					SpEd 586	_____	_____	_____	_____	
					SpEd 597	_____	_____	_____	_____	
<u>Research</u>					<u>Elective</u>					
Psy/SpEd 605	_____	_____	_____	_____	Psy/SpEd or approved	_____	_____	_____	_____	
SpEd 518 (6 SH)	_____	_____	_____	_____	<u>Research</u>					
					Psy/SpEd 605	_____	_____	_____	_____	
					SpEd 595	_____	_____	_____	_____	

***A minimum of 18 semester hours** must be completed in special education prior to taking the Master's Comprehensive Exam. Coursework cannot exceed 6 years of age at graduation.

Total SpEd Sem. Hrs.

Total Elective Sem. Hrs

Total Graduate Sem. Hrs.
 (Not to exceed 36 Sem. Hrs.)

Advisor: _____