



# Graduate Program for Master's Degree

(Complete this form, sign it, and send it to your graduate advisor)

Graduate Advisor (will be assigned)
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MSU ID#: M

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle/Maiden

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City State Zip

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Baccalaureate Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Granting Institution: \_\_\_\_\_ Date Granted: \_\_\_\_\_

Graduate curriculum you propose to follow: M. A. Ed. in Special Education: Advanced Studies in LBD with Teacher Leader Endorsement

## Courses to be completed in earning the master's degree:

Course Prefix & No.	Course Title	Semester Hours	Grade
<b>EDU 600</b>	<b>Introduction to Teacher Leadership</b>	<b>2</b>	_____
<b>EDU 631</b>	<b>Classroom Mgmt. &amp; Student Motivation</b>	<b>3</b>	_____
<b>EDU 633</b>	<b>Curriculum Development</b>	<b>3</b>	_____
<b>EDU 637</b>	<b>Instruction for Diverse Learners</b>	<b>3</b>	_____
<b>EDU 639</b>	<b>Research to Improve Student Learning</b>	<b>3</b>	_____
<b>EDU 640</b>	<b>Exit Seminar in Teacher Leadership</b>	<b>1</b>	_____
<b>SED 613</b>	<b>Advanced Behavior Support</b>	<b>3</b>	_____
<b>SED 614</b>	<b>Adv. Instructional Technology</b>	<b>3</b>	_____
<b>SED 651</b>	<b>Social Competence for Safe Environment</b>	<b>3</b>	_____
<b>SED 655</b>	<b>Special Education Transition</b>	<b>3</b>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If transfer credit is included in this program (limit of 12 hours), list the class(es) as it appears on the other school's transcript and the initials of the school at the end of the name of the class. In ( ) at end of line list the MSU course replaced (if any).

*Applicant's Signature* \_\_\_\_\_

TIME LIMIT FOR COMPLETION: EIGHT YEARS FROM DATE OF ENROLLMENT IN FIRST CLASS

**Do not write below this line** \_\_\_\_\_

<b>A P P R O V E D</b>	<input type="checkbox"/>	<b>D I S A P P R O V E D</b>	<input type="checkbox"/>	Departmental Graduate Advisor _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	Department Chair _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Graduate Coordinator _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Dean _____	Date _____

For Graduate Admissions	Processed by _____	Date _____
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