



Graduate Program for Master's Degree

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

Graduate Advisor (will be assigned)

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 SED/Mild LBD

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

Course Prefix & No.	Course Title	Semester Hours	Grade
		3	
CDI 635	Graduate Seminar in Communication Disorders	3	
SED 637	Diagnostic Methods	3	
SED 606	Procedures for Classroom Management and Discipline	3	
SED 608	Functional Behavior Analysis	3	
SED 602	Family-Professional Partnerships	3	
SED 603	Special Education Law and Procedures	3	
SED 605	Characteristics & Needs of Children and Youth with Mild Disabilities	3	
SED 615	Collaboration Skills for Educators	3	
SED 625	Instructional Techniques for Children & Youth with Mild Disabilities	3	
SED 690	Exit Seminar in Special Education	1	

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

A P P R O V E D	<input type="checkbox"/>	D I S A P P R O V E D	<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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