



# 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/Moderate to Severe Disabilities

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

Course Prefix & No.	Course Title	Semester Hours	Grade
		<b>3</b>	
<b>SED 602</b>	<b>Family-Professional Partnerships</b>	<b>3</b>	
<b>SED 603</b>	<b>Special Education Law and Procedures</b>	<b>3</b>	
<b>SED 607</b>	<b>Transdisciplinary Assessment of Individuals with MSD</b>	<b>3</b>	
<b>SED 608</b>	<b>Functional Behavior Analysis</b>	<b>3</b>	
<b>SED 609</b>	<b>Instructional Procedures - Students with MSD</b>	<b>3</b>	
<b>SED 614</b>	<b>Advanced Instructional Technology</b>	<b>3</b>	
<b>SED 631</b>	<b>Nature &amp; Needs of Individuals with MSD</b>	<b>3</b>	
<b>SED 645</b>	<b>Strategies for Students with Autism</b>	<b>3</b>	
<b>SED 655</b>	<b>Special Education Transition</b>	<b>3</b>	
<b>SED 690</b>	<b>Exit Seminar in Special Education</b>	<b>1</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 _____

<b>For Graduate Admissions</b>	<i>Processed by</i> _____	<i>Date</i> _____
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