Murray
MURRAY STATE UNIVERSITY

Certification Program

(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: _____

Master's Degree/Rank II Held: _____

Granting Institution: _____ Date Granted: _____

Specific Objective of Certification Program: **P-12 FMD Certification: Moderate to Severe Disabilities**

Courses for Certification Program:

Course Prefix & No.		Course Title	Semester Hours	Grade
SED	631	Nature and Needs of Individuals with MSD	3	
SED	607	Transdisciplinary Assessment of Individuals with MSD	3	
SED	609	Instructional Procedures – Students with MSD	3	
SED	614	Advanced Instructional Technology	3	
SED	645	Strategies for Students with Autism	3	
SED	655	Special Education Transition	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

APPROVED	DISAPPROVED		
☐	☐	Departmental Graduate Advisor _____	Date _____
☐	☐	Department Chair _____	Date _____
☐	☐	College Graduate Coordinator _____	Date _____
☐	☐	College Dean _____	Date _____

For Graduate Admissions	***Processed by***	***Date***