



Specialist in Education Program

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

Graduate Advisor (will be assigned)

MSU ID#:

Name:

Date:

Mailing Address:

Primary Phone:

E-mail Address:

Graduate Curriculum you propose to follow: Ed.S. School Psychology

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

Catalog Year:

Course Prefix & No.	Course Title	Instructor	Semester Hours	Grade
<u>ADM 630</u>	Methods of Research		<u>3</u>	
<u>ADM 725</u>	Advanced Methods of Quantitative Research in Education		<u>3</u>	
<u>CNS 615</u>	Behavioral Assessment and Intervention		<u>3</u>	
<u>CNS 619</u>	Foundational Counseling Techniques		<u>3</u>	
<u>CNS 620</u>	Learning Theories and Applications		<u>3</u>	
<u>CNS 635</u>	Human Development		<u>3</u>	
<u>CNS 671</u>	Multicultural Counseling		<u>3</u>	
<u>CNS 676</u>	Clinical Diagnosis and Treatment Planning		<u>3</u>	
<u>CNS 677</u>	Instructional Assessment and Intervention		<u>3</u>	
<u>CNS 683</u>	Tests and Measurements		<u>3</u>	
<u>CNS 687</u>	School-based Consultation		<u>3</u>	
<u>CNS 688</u>	Professional School Psychology		<u>3</u>	
<u>CNS 689</u>	Individual Testing		<u>3</u>	
<u>CNS 690</u>	Advanced Individual Testing		<u>3</u>	
<u>CNS 692</u>	Group Counseling		<u>3</u>	
<u>CNS 790</u>	Practicum		<u>3</u>	
<u>CNS 798</u>	Specialty Study		<u>3</u>	
<u>SED 603</u>	Special Education Law and Procedures		<u>3</u>	
Internships (6 credit hours):				
<u>CNS 794</u>	Internship I		<u>3</u>	
<u>CNS 795</u>	Internship II		<u>3</u>	

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

Comprehensive Exam Required? Yes No Portfolio Required? Yes No

Departmental Graduate Advisor Approval _____ Date _____

Department Chair Approval _____ Date _____

College Graduate Coordinator Approval _____ Date _____

College Dean Approval _____ Date _____

For Graduation Office	<i>Processed by</i>	<i>Date</i>
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