



Graduate School

NAME: _____ ID# _____

Admitted students are required to file this form in the Graduate School no later than the completion of their first 9 semester hours. Complete, route for signatures, and deliver or email the completed form to: graduate@minotstateu.edu.

REQUIRED COURSES		PROJECTED SEMESTER (YR)				
CORE (22-24)	SH	Fall	Summer	Spring	Grade	
SPED 501 Intro to Graduate Studies	3					
SPED 503 Stats in Special Education	3					
SPED 505 Consultation & Supervision in SPED	2					
SPED 510 Intro To Disability Services	3					
SPED 531 Theoretical Aspects of Except. Child.	3					
SPED 533 Clinical Practice	2					
SPED 550 Special Education Assessment	2					
SPED 588 Thesis Writing Seminar	3					
SPED 599 Thesis	1-3					
Concentration (16-18 SH)						
SPED 515 Practicum (Field Experience)	8					
SPED 561 Behavior Problems of Exceptional Children	3					
SPED 572 Method of Teaching the Learning Disabled	3					
ED 540 Reading: Advanced Diag. & Remed.	2					
Elective Course						
ED 541 Clinical Practice Remedial Read	2					
REQUIRED CREDITS						

Advisor to fill in credit#

SIGNATURES:

Student: _____ ID# _____ Date: _____

Program Director: _____ Date: _____

Department Chairperson: _____ Date: _____

*Maximum 7 year time limit to complete degree. Outside transfer credit must be approved with Program Director. See catalog policies for TIME REQUIREMENT & TRANSFER CREDIT.

*Course Deviations require the Program Director to submit a "Course Substitution" form to the Registrar's office.

*Any changes to original plan requires an updated Program of Study to the Graduate School.