



Minot State UNIVERSITY

PROGRAM OF STUDY SPECIAL EDUCATION CERTIFICATE Learning Disabilities

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	SH	PROJECTED SEMESTER (YR)				Grade
		Fall	Summer	Spring		
SPED 505 Consultation & Supervision in SPED	2					
SPED 507 Introduction To Mild Disabilities	3					
SPED 510 Intro To Disability Services	3					
SPED 515 Practicum (Field Experience)	4					
SPED 533 Clinical Practice	2					
SPED 550 Special Education Assessment	2					
SPED 572 Method of Teaching the Learning Disabled	3					
ED 540 Reading: Advanced Diag. & Remed.	2					
ED 541 Clinical Practice Remedial Read	2					
REQUIRED CREDITS	23					

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.**