



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 517 Methods for Mild Disabilities	3				
SPED 520 Intro to Behavior Disorders	3				
SPED 524 Methods of Teaching Ind. w/ Behavior Disorders	3				
SPED 533 Clinical Practice	2				
SPED 538 Final Practicum in DD	4				
SPED 550 Special Education Assessment	2				
SPED 561 Behavior Problems of Excep. Children	3				
SPED 572 Method of Teaching the Learning Disabled	3				
SPED 515 Practicum (field experience)	4				
SPED 523 Field Seminar in LD/BD	4				
REQUIRED CREDITS	39				

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.