

Student name	Student #	EDSPE:	Study Option
Address (Street, city, state, zip)		E-mail:	Daytime Phone

Course prefix, no.	Course Title	Credits	Grade	Qtr/Yr Taken	Total credits
--------------------	--------------	---------	-------	--------------	---------------

FOUNDATIONS OF EDUCATION (6 credits)

	Courses outside of Special Education or as suggested by the study option, e.g. Early Childhood.				

MAJOR FIELD: SPECIAL EDUCATION: (# credits depends on option)

ASSESSMENT AND RESEARCH METHODOLOGY (9 Credits)

SPECIAL ASSIGNMENTS IN SPECIAL EDUCATION (12 credits)

ELECTIVES

Grand Total Credits

Signatures

Student	Date
Faculty Advisor	Date

Student makes and distributes copies: original to 206 Miller; copies to Faculty Advisor, Area Secretary (102 Miller), Student