

MARSHALL UNIVERSITY GRADUATE COLLEGE
 SCHOOL OF EDUCATION & PROFESSIONAL DEVELOPMENT
 Special Education Plan of Study
 For Students Admitted After July 1, 2006
Alternative Program Autism - Masters

All coursework included as a part of a Plan of Study must not be older than seven years old at the time of graduation. Transfer of credit from approved institutions must be approved prior to completion of Program of Study. **If the course is to be transferred, indicate the institutions where credit was earned. An Application for Approval of Transfer Credit must accompany the Plan of Study.** All students seeking licensure must pass the appropriate PRAXIS licensure exam. Students must initiate application for graduation by the published deadline in the semester they expect to graduate. Failure to return the signed Plan of Study within 30 days will automatically indicate acceptance of the Plan of Study. Plan of Study must be completed on all admitted degree students within the first semester of enrollment.

DATE: _____ MU ID #: _____

STUDENT NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

_____ GRE or MAT Score: _____

FACULTY ADVISOR: _____ HOURS REQUIRED FOR GRADUATION: ____

CATALOG YEAR: _____ Term and Year of Planned Graduation: _____

Course Title	Dept. and Course No.	Date Taken Semester/Year	Grade	Credit
1. Introduction to Exceptional Children	CISP 520			3
2. Introduction to Autism	CISP 527			3
3. Instructional Characteristics of Autism	CISP 662			3
4. Reading Strategies for Exceptional Students	CISP 606			3
5. Math Methods for Exceptional Students	CISP 607			3
6. Diagnostic/Clinical Practices	CISP 626			3
7. Advanced Studies in Human Development	EDF 616			3
8. Educational Psychology	EDF 619			3
9. Literacy in the Content Area	CIRG 644			3
10. Applications Software in the Classroom Curriculum Area	CIEC 534			3
11. Issues in Special Education or Special Education Seminar	CISP 627 or CISP 629			3 3
12. Special Education Research, Part I (PERMISSION)	CISP 611			3
13. Special Education Research, Part II (PERMISSION)	CISP 615			3
14. Field Experience: Autism (PERMISSION)	CISP 664			3

PLEASE SEE BACK

Student Date

Advisor/2nd Faculty Date

Program Director Date

Dean Date