

MARSHALL UNIVERSITY GRADUATE COLLEGE  
 SCHOOL OF EDUCATION & PROFESSIONAL DEVELOPMENT  
 Special Education Plan of Study  
 For Students Admitted After July 1, 2006  
**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 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. Literacy in the Content Area	CIRG 644			3
8. Applications Software in the Classroom Curriculum Area	CIEC 534			3
9. Issues in Special Education or Special Education Seminar	CISP 627 or CISP 629			3
10. Special Education Research, Part I (PERMISSION)	CISP 611			3
11. Special Education Research, Part II (PERMISSION)	CISP 615			3
12. Field Experience: Autism (PERMISSION)	CISP 664			3

**PLEASE SEE BACK**

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Student Date

\_\_\_\_\_  
Advisor/2nd Faculty Date

\_\_\_\_\_  
Program Director Date

\_\_\_\_\_  
Dean Date