MARSHALL UNIVERSITY
COEPD SPECIAL EDUCATION STUDENT-FACULTY PROGRAM CONTRACT

DATE: _____ **ID #:** _____
STUDENT NAME: _____ **HOME PHONE:** _____
ADDRESS: _____ **BUSINESS PHONE:** _____
E-MAIL: _____ **HOURS REQUIRED FOR CERTIFICATION: 33**
FACULTY ADVISOR: _____

The following program of courses is hereby agreed upon by both the student and his faculty advisor as fulfilling the academic requirements necessary for certification in Visually Impaired. Other actions, such as transfers of credit, course substitutions, and/or course waivers must be approved by the advisor.

CERTIFICATION REQUIREMENTS:

Course Title	Dept. And Course No.	Date Taken Sem./Year	Grade	Credit
1. Introduction to Visual Impairments	CIVI 500			3
2. Reading and Writing Strategies/Instruction for Students with Visual Impairments	CIVI 501			3
3. Structures and Functions of the Human Visual System	CIVI 502			3
4. Assessment and Program Planning of Students with Visual Impairments	CIVI 503			3
5. Assessment and Program Planning of Students with Visual Impairments and Additional Disabilities	CIVI 504			3
6. Braille	CIVI 505			3
7. Math Methods - Visual Impairments	CIVI 600			3
8. Basic Orientation and Mobility Skills	CIVI 603			3
9. Practicum in Visual Impairment - I	CIVI 601			3
10. Practicum in Visual Impairment - II	CIVI 602			3
11. Applications Software in the Classroom Curriculum Area	CIEC 534			3
			Total	33

***COURSES OVER 7 YEARS OF AGE CANNOT BE UTILIZED IN A DEGREE PROGRAM**

_____ _____
Student's Signature **Date** **Advisor's Signature** **Date**

_____ _____
Program Director **Date** **Dean** **Date**