MARSHALL UNIVERSITY GRADUATE COLLEGE
SPECIAL EDUCATION
STUDENT-FACULTY PROGRAM CONTRACT
"Preparing the Experienced Professional as Specialist"

DATE:_____ **ID #_____**
STUDENT NAME:_____ **HOME PHONE:_____**
ADDRESS:_____ **BUSINESS PHONE:_____**
E-MAIL:_____ **HOURS REQUIRED FOR CERTIFICATION: 30**

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 Multi-Categorical. 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. Literacy in the Content Area	CIRG 644			3
2. Reading Strategies for Exceptional Students	CISP 606			3
3. Math Methods for Exceptional Students	CISP 607			3
4. Introduction to Exceptional Children or Children with Exceptionalities	CISP 520 or CISP 521			3
5. Applications Software in the Classroom Curriculum Area	CIEC 534			3
6. Diagnostic/Clinical Practice	CISP 626			3
7. Characteristics/Methods Emotionally Disturbed	CISP 645			3
8. Characteristics/Methods Mental Impairment	CISP 553			3
9. Characteristics/Methods Learning Disabilities	CISP 647			3
10. Field Experience: Multi-Categorical (Practicum)	CISP 655			3
			Total	30

***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**