MARSHALL UNIVERSITY
COEPD SPECIAL EDUCATION STUDENT-FACULTY PROGRAM CONTRACT

DATE: _____ **ID #:** _____
STUDENT NAME: _____ **HOME PHONE:** _____
ADDRESS: _____ **BUSINESS PHONE:** _____
E-MAIL: _____ **HOURS REQUIRED FOR DEGREE: 36**
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 Deaf/Hard of Hearing. Other actions, such as transfers of credit, course substitutions, and/or course waivers must be approved by the advisor.

DEGREE REQUIREMENTS:

Course Title	Dept. And Course No.	Date Taken Sem./Year	Grade	Credit
1. American Sign Language (ASL I) or American Sign Language (ASL II)	CIDH 501 or CIDH 502			3
2. American Sign Language (ASL II) or American Sign Language (ASL III)	CIDH 502 or CIDH 503			3
3. Auditory Habilitation	CIDH 504			3
4. Introduction to Deaf and Hard of Hearing	CIDH 505			3
5. Curriculum and Methods for Deaf and Hard of Hearing Students	CIDH 506			3
6. Development and Remediation of Reading, Writing, and Discourse for the Deaf and Hard of Hearing	CIDH 607			3
7. Math Methods - Exceptional Students	CISP 607			3
8. Applications Software in the Classroom Curriculum Area	CIEC 534			3
9. Teaching Internship and Practicum (DHH I)	CIDH 601			3
10. Teaching Internship and Practicum (DHH II)	CIDH 602			3
11. Trends/Issues in Special Education, or Special Education Seminar	CISP 627 CISP 629			3
12. Special Education Research	CISP 611			3
			Total	36

***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**