

**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 DEGREE:** 39
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.

DEGREE 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
11. Trends and Issues in Special Education or Special Education Seminar	CISP 627 or CISP 629			3
12. Special Education Research, Part I	CISP 611			3
13. Special Education Research, Part II	CISP 615			3

Total 39

*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