

St. Cloud State University Graduate Certificate for Autism Certificate Program Form

Student's Name (please print): _____ Master's Program Yes _____ No _____

Social Security Number/Student ID: _____ Date: _____ E-mail address: _____

Address _____
Street City State Zip

COURSES	SUBSTITUTIONS	CREDITS	DATE TAKEN	PLACE, IF NOT SCSU
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SPED 503: Special Education Foundations, 3 cr.				
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SPED 505: Behavior Theories and Practices, 3 cr.				
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SPED 623: Learning Environments for Students with Autism Spectrum Disorders, 3 cr.				
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CSD 624: Language/Communication Assessment and Interventions for Students with Autism Spectrum Disorders, 3 cr.				
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CPSY 627: Behavior/Social Skills Assessment and Interventions for Students with Autism Spectrum Disorders, 3 cr.				
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SIGNATURE OF STUDENT: _____

SIGNATURE OF COORDINATOR: _____ DATE _____

SIGNATURE OF GRADUATE DEAN: _____ DATE _____

Office Use Only:
 Student notified: _____
7/07