

ST. CLOUD STATE UNIVERSITY

Major: Communication Sciences and Disorders

Application for Semester Program Approval: Master of Science Degree

Name _____ SCSU Student ID: _____ Date _____

Mailing Address _____ Home Telephone _____

City _____ State _____ Zip _____ Business Telephone _____

Current Position Held _____ Name of Undergraduate College or University _____

School _____

Request transfer of the following courses: **(Official transcripts of all transfer credits which have been completed are required to be in the Graduate Studies Office before program can be approved.)**

Dept. and Course No.	Name of Course Transferred	College or University	Sem./Qtr. Hours	Grade	Date Taken

(Not to be filled in by applicant)

All deficiencies related to this student's admission to graduate study have been removed. I approve the program outlined in this application.

Signature of Adviser

The program outlined in this application complies with the minimum course requirements of the university for the Master of Science degree in this major field.

Signature of Graduate Dean

Student Notified: _____

PROPOSED SEMESTER PROGRAM OF GRADUATE STUDY

Master of Science: Major--Communication Sciences and Disorders

Plan A _____ Plan B _____

Minimum requirement: 49 credits for Plan A or Plan B

Dept.	Number	Name of Course	Instructor	Sem./Yr.	Credits	Grade
I. Research Area: Minimum Plan A, 11 Cr.; Plan B, 5 Cr.						
CSD	620	Research in Speech-Lang. Path. & Aud.	_____	_____	2	_____
CSD	699	Thesis (Plan A only)	_____	_____	6	_____
CEEP	678	Introduction to Graduate Statistics	_____	_____	3	_____
----- Total Credits in Research -----						

II. Professional Area: Minimum Plan A or B, 26 Cr.

Professional Core (6 Cr.)

CSD	636	Diagnostics in Speech-Language Pathology	_____	_____	2	_____
CSD	642	Audiological Evaluation & Mgmt. for SLPs	_____	_____	2	_____
CSD	677	Seminar: Prof. Issues in Speech-Lang. Pathology	_____	_____	2	_____

Disorders Courses (20 Cr.)

Articulation

CSD	637	Motor Speech Disorders	_____	_____	2	_____
CSD	671	Seminar: Phonological Disorders	_____	_____	2	_____

Fluency

CSD	676	Seminar: Fluency Disorders	_____	_____	2	_____
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Voice/Resonance

CSD	634	Cleft Palate	_____	_____	2	_____
CSD	638	Alaryngeal Speech	_____	_____	2	_____
CSD	670	Seminar: Voice Disorders	_____	_____	2	_____

Rec/Exp Language: Cognitive: Social

CSD	540	Communication Disorders of the Aged	_____	_____	2	_____
CSD	635	Aphasia	_____	_____	2	_____
CSD	678	Seminar: Language Disorders in Children	_____	_____	2	_____

Communication Modalities

CSD	566	Augmentative Communication Systems	_____	_____	2	_____
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Other:

CSD	639	Dysphagia: Diagnosis & Management	_____	_____	2	_____
CSD	675	Consultation in Communication Disorders	_____	_____	2	_____

----- Total Credits in Professional Area -----

III. Clinical Practicum (Standard IV): Minimum Plan A or B, 12 Cr.

CSD	648	Graduate Practicum: On Campus*	_____	_____		_____
CSD	649	Graduate Practicum: Off Campus* 8 ^(6 credit minimum)	_____	_____		_____
CSD	650	Internship: Medical/Rehab*	_____	_____	6	_____
CSD	651	Internship: Educational*	_____	_____	6	_____

*Additional practica may be required to meet ASHA certification standards. Practicum courses cannot be substituted for courses in the research or professional areas.

----- Total Credits in Clinical Practicum -----

IV. Support Course Area Electives: Minimum, Plan A, 0 Cr.; Plan B, 6 Cr.

_____	_____	_____	_____	_____		_____
_____	_____	_____	_____	_____		_____

----- Total Credits in Electives -----

Total Credits in Program: _____

Signature of Applicant

PROGRAM REQUIREMENTS:

1. Credit limitation on transfer and extension credits (combined)--10 Credits.
2. Credit limitation on Workshop--Plan A, 4 Credits; Plan B, 7 Credits.
3. Required: one-half of the minimum requirements for the program must be completed in 600-level courses.