

ST. CLOUD STATE UNIVERSITY
Application for Semester Program Approval: Master of Science Degree

Major: Special Education

Name _____
Mailing _____
Address _____
_____ City State Zip

Social Security Number _____ Date _____
Home Telephone _____
Business Telephone _____

Current _____
Position Held _____
School _____

Name of Undergraduate _____
College or University _____

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

Dept. and Course No.	Name of Course Transferred	College or University	Sem./Qtr. Hours	Mark	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.

Student Notified: _____

Signature of Graduate Dean

PROPOSED SEMESTER PROGRAM OF GRADUATE STUDY

MASTER OF SCIENCE: Special Education

Plan A _____ Plan B _____

Dept.	Number	Name of Course	Instructor	Sem./Yr.	Credits	Mark
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I. Research: Minimum, Plan A, 12 Cr.; Plan B, 6 Cr.

SPED	602	Research in Special Education	_____	_____	3	_____
APSY	678	Introduction to Graduate Statistics	_____	_____	3	_____
SPED	699	Thesis (Plan A Only)	_____	_____	6	_____

----- Total Credits in Research -----

II. Major: Minimum, Plan A, 12 Cr.; Plan B, 15 Cr.

SPED	601	Trends and Problems in Special Education	_____	_____	3	_____
SPED	690-694	Topical Seminars (3 Cr.)	_____	_____	3	_____
SPED	6	_____	_____	_____	_____	_____

(Required: 1 additional 3-credit 600-level course)

----- Total Credits in Major -----

III. Professional Education: Minimum, 3 Cr. (courses from education, psychology, or applied psychology selected with adviser)

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

----- Total Credits in Professional Education -----

IV. Electives: Minimum, Plan A, 3 Cr.; Plan B, 9 Cr.

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

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

Plan A: Minimum, 30 Cr.
Plan B: Minimum, 33 Cr.

Total Credits in Program _____

Signature of Applicant

PROGRAM REQUIREMENTS:

1. Credit limitation on transfer and extension credits (combined)-- 10 Cr
2. Credit limitation on Workshop--Plan A, 4; Plan B, 7.
3. Required: At least one-half of the minimum requirements of the program must be earned in 600-level course work.