

Preceptor: _____

**MASTER OF ARTS IN EDUCATION PROGRAM (MAED)
Special Education**

Name: _____ Z #: _____

Address: _____

Phone: _____ E-mail: _____

Matriculation Date: _____ Advising Dates: _____

CONTENT	COURSE TITLE	TRANSFER	SEM	15 CREDITS
EDUC 5320*	Survey/Moderate & Severe Disabilities			3
EDUC 5321*	Education and Community Resources			3
EDUC 5330*	Survey of Mild Learning Disabilities			3
EDUC 5331*	Behav. Management & Behav. Disord.			3
EDUC 5335*	Developmental Reading Instruction			3
PEDAGOGY				9 CREDITS
EDUC 5334*	Different. Instructional Techniques			3
EDUC 5336*	Curriculum Adaptations			3
EDUC 5337*	Curriculum Based Assessment			3
RESEARCH				6 CREDITS
EDUC 5910	Educational Research			3
EDUC 5920	Capstone Project(Permission of Instructor)			3
ELECTIVES				6 CREDITS
TOTAL				36 CREDITS

* Courses required for Special Education Certification

Capstone Project Title: _____