# Program of Work for the Master’s Degree

*To be completed by the student, in consultation with the Academic Adviser, signed by the Academic Adviser and submitted electronically to the Graduate Coordinator by the end of the first semester the student is in the program.*

Student: ___________________  EID: ___________  Full-time ____  Part-time ____

Degree: __M.Ed (coursework only), __M.Ed. (report), __M.A.  Adviser: ______________________

Concentration Area: ___________________  Certification(s): ______________________

1st Semester enrolled: _______________  Expected Graduation Date: ______________________

## Department Core Courses (required of all master’s students)

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<tr>
<th>COURSE#</th>
<th>COURSE TITLE</th>
<th>SEMESTER TO BE TAKEN</th>
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<tr>
<td>SED 380</td>
<td>Cultural and Linguistic Diversity in Special Ed.</td>
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<tr>
<td>SED 393</td>
<td>Applied Research in Special Education &amp; Rehabilitation Counseling.</td>
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## Concentration Courses (as prescribed by your area)

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## Special Education Electives (includes Thesis or Report)

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## Supporting Coursework Taken Inside and/or Outside the Department (minimum 6 hours)

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## Courses Taken at Other Institutions but Counted Toward the Degree Plan (maximum of 6 hours)

If you plan to transfer any graduate courses from another institution, please write them in the appropriate section and indicated that they are transfer courses. You MUST also complete the application to have these courses approved for transfer. See the Graduate Coordinator for a complete packet and instructions.

Plan sent to Graduate Coordinator on: _______________  Adviser’s initials: _________  Student’s initials: _________

Reviewed by the Graduate Adviser on: _______________  Graduate Adviser’s approval/initials: _______________