MASTER’S DEGREE PLAN/EDUCATIONAL DIAGNOSTICIAN

Name: ____________________________ Date: ____________________________
Address: ____________________________ SID#: ____________________________
M.Ed. Degree w/Certification: ____________________________
SRSU Address: ____________________________ Certification only: ____________________________
Certification(s) now held: ____________________________
Full: ____________________________ Probational: ____________________________
Phone (Home): ____________________________ E-mail: ____________________________

COURSE REQUIREMENTS - 30 sch

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>ED 5306</td>
<td>Assessment of Individual Intelligence</td>
<td>ED 5321</td>
<td>Foundations of Special Education Law</td>
</tr>
<tr>
<td>ED 5307</td>
<td>Graduate Research *</td>
<td>ED 7318</td>
<td>Practicum in Special Education (instructor approval required for registration)</td>
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<tr>
<td>ED 5312</td>
<td>Advanced Survey, Exceptional Children</td>
<td>ED 5323</td>
<td>Appraisal of Educational Disabilities</td>
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<td>ED 5322</td>
<td>Behavior Management</td>
<td>ED 6314</td>
<td>Diagnosis &amp; Correction of Rdg Disabilities</td>
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<tr>
<td>ED 5320</td>
<td>Advanced Methodology for Exceptional Children</td>
<td>ED 6308</td>
<td>Advanced Human Growth &amp; Development</td>
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*Required for degree; must be taken within first twelve hours
ED 5306 & ED 7318 must be taken at Sul Ross State University

TRANSFERS/SUBSTITUTIONS

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Program Requirements:
1. Apply for Candidacy after completion of 12 sch
2. Apply for Comprehensive Exam last semester of coursework
3. Certify Teacher Test Prep software
4. Apply for graduation last semester of coursework

Certification Requirements:
1. Successfully complete MEd program requirements
2. Two years of classroom teaching experience
3. Pass TExES #153

Scarlet Clouse, Advisor Date Director, Education Department Date

COMMENTS:
A person providing information to Sul Ross State University by means of this form is entitled (with few exceptions) to request, receive, review, and if desired, correct information about him/her that is incorrect. Texas Government Code, Chapter 559.