FALL ADMISSION

INDIANA UNIVERSITY SOUTH BEND

MASTER OF SCIENCE DEGREE
WITH AN ADDITIONAL LICENSE IN MILD INTERVENTIONS
EARLY ADOLESCENT/YOUNG ADULT
(for students already licensed at the secondary level)

STUDENT'S NAME: _____ DATE: _____

ADDRESS: _____
Street City State Zip

FIRST YEAR			Credit Hours	Planned Enrollment Date	Date Completed	Grade
Fall	xP503*	Introduction to Research				
	P519	Psycho-Educational Assmt. of Exceptional Children	3			
	K505	Introduction to Special Education for Grad Students	3			
			3			
Spring	P516	Adolescent Behavior and Development	3			
	P510	Psychology in Teaching	3			
	K525	Survey of Mild Handicaps (P: K505, P519)	3			
Summer	S503	Secondary School Curriculum **OR**	3			
	S530	Junior High/Middle School Curriculum				
	H520	Education and Social Issues	3			
	K501	Adapting Computers for the Handicapped	3			
	File Application for K588					

SECOND YEAR

Fall	K543	Education of the Socially & Emotionally Disturbed I (P: K505, K525, P519)	3			
	K565*	Collaboration and Service Delivery	3			
	K524 *	Exceptional Learner in the Secondary School	3			
Spring	K553*	Classroom Management and Behavior Support (PK505, P519, K525, K543)	3			
	K588*	Supervised Teaching in Special Education	3			
Summer	xK500	Topical Workshop in Special Education	3			

THIRD YEAR

Fall	xY511*	Action Research II: Independent Study	3			
xCourses required for Master of Science Degree ***Designated Checkpoint Courses**						

PLEASE NOTE: YOU CANNOT RECEIVE A MASTER'S DEGREE IF NOT ELIGIBLE FOR LICENSURE

Date Admitted to Program: _____ **TOTAL:** _____ **GPA:** _____

		Subsequent Advising Sessions: Date	Advisor
Date of original conference:	_____		
Advisor:	_____	_____	_____
		_____	_____
Student:	_____	_____	_____