**STUDENT INFORMATION**

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| **Student’s Name:**       | **NAU ID:**       |
| **E-mail Address:**       @nau.edu  | **Phone Number:**       |
| **Enrollment Term:**       (ex. Summer 2013) | **Expected Graduation:**       (ex. Spring 2015) |
| **Advisor:**       |
| **Total Required Credits for this Certificate Program:** **15** |
| **This is the:** [ ]  **Initial** (upon admission) [ ]  **Final** (submitted with Graduation Application) **Program of Study** |

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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/E/P\*\*** |
| 1. **Core Courses (6 units required)**
 |
| \* | DIS 505 | Disabilities and Technology in the Lifespan: An Introduction |       |       |       |       |       |       |
| \* | DIS 521 | Assessment and Effective Practices in Assistive Technology |       |       |       |       |       |       |
| **II. Specialization and Practicum** |
| 1. **Application of Assistive Technology (3 units required):** Select ONE course from DIS 526 or DIS 527.
 |
| \* |       |       |       |       |       |       |       |       |
| 1. **Specialization Course (3 units required):** Select ONE course from DIS 524 or DIS 525.
 |
| \* |       |       |       |       |       |       |       |       |
| 1. **Independent Study (2 units required)**
 |
| \* | DIS 689 | Capstone Project |       |       |       |       |       |       |

Student’s Name:       NAU ID:

**ADDITIONAL INFORMATION**

In addition to all University and Graduate College policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:**

You must secure official approval by your advisor and Department Chair/Director before submitting the final Program of Study.

By signing or entering your name below, you agree to the following statement:

 *“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

**Advisors and Chairs/Directors:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (electronic signatures are permitted) in the space provided.

|  |  |
| --- | --- |
| **Student:**       | **Date:**       |
| **Advisor:**       | **Date:**       |
| **Chair** (required for Final)**:**       | **Date:**       |

**\*\*Transfer/Equivalent/Previous Graduate Degree** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Equivalent E = Course taken at NAU in place of required course

Internal Transfer I = Graduate level course taken as undergraduate; Not applied to undergraduate degree

**Transfer Credit Example:**

|  |  |  |  |  |  |  |  |  |
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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/E/P\*\*** |
|  | **ABC 123** | **Fundamentals of English** | **ASU 456** | **Fall**  | **2012** | **3** | **A** | **T/ASU** |