**STUDENT INFORMATION**

|  |  |
| --- | --- |
| **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 Degree 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. **Required Courses (15 units required)**
 |
| \* | ESE 580 | Introduction to Autism Spectrum Disorders |       |       |       |       |       |       |
| \* | ESE 585 | Introduction to Positive Behavior Support |       |       |       |       |       |       |
| \* | ESE 664 | Methods in Special Education: Low Incidence/Severe Profound Disabilities*Pre-req: (ESE 434 or ESE 634) and (ESE 548 or Special Education Survey Milestone); Co-req: ESE 608* |       |       |       |       |       |       |
| \* | ESE 608 | Fieldwork Experience |       |       |       |       |       |       |
| \* | ESE 681 | Advanced Methods and Assessment in Special Education: Autism Spectrum Disorders*Pre-req: ESE 580 and ESE 664* |       |       |       |       |       |       |

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.

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| --- | --- |
| **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** | **Hours** | **Grade** | **T/E/P\*\*** |
|  | **ABC 123** | **Fundamentals of English** | **ASU 456** | **Fall**  | **2012** | **3** | **A** | **T/ASU** |