**STUDENT INFORMATION**

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| **Name:** | **NAU ID:** |
| **NAU E-mail Address:** | **Phone Number:** |
| **Term of Admission:** | **Expected Graduation Term/Year:** |
| **Advisor:** | **Required Credits for Degree Program: 15** |

# **Required Courses (15 units required)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| ESE 571 | Positive Behavior Support in Applied Settings |  |  |  |  |  |  |
| ESE 580 | Introduction to Autism Spectrum Disorders |  |  |  |  |  |  |
| 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* |  |  |  |  |  |  |

**ADDITIONAL INFORMATION**

This Program of Study documents your progress on your academic requirements for the degree and catalog year listed above. For Department of Defense-related requirements, it serves as the evaluated and approved educational plan.

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 (formal electronic signatures are permitted) in the space provided.

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| **Student:** | **Date:** |
| **Advisor:** | **Date:** |
| **Chair:** | **Date:** |

**\*\*Transfer/Previous Graduate Degree/Internal Transfer/Accelerated (T/P/I/A)** – Must have Advisor approval

Transfer T = Course transferred from another university

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

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

Accelerated Program “Dual-use” A = Courses completed during the undergraduate career and used to satisfy both the Bachelors and Master’s degree requirements. ONLY for designated Accelerated students.