**STUDENT INFORMATION**

|  |  |
| --- | --- |
| **Name:** | **NAU ID:** |
| **NAU E-mail Address:** | **Phone Number:** |
| **Term of Admission:** | **Expected Graduation Term/Year:** |
| **Advisor:** | **Required Credits for Degree Program: 63-69** |

Please select which track you are pursuing:  Full-Time  Summers-Only  Leveler

# **Required Courses (6 units required):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| CSD 508 | Neurobiology |  |  |  |  |  |  |
| CSD 510 | Clinical and Education Methods in Speech-Language Pathology |  |  |  |  |  |  |
| CSD 510L | Clinical and Education Methods in Speech-language Pathology Lab  *Co-req: CSD 510* |  |  |  |  |  |  |
| CSD 515 | Augmentative and Alternative Communication for the SLP |  |  |  |  |  |  |
| CSD 521 | Communications Disorders: Birth to Three |  |  |  |  |  |  |
| CSD 531 | Language and Literature Development and Disorders: Preschool through Early School Age |  |  |  |  |  |  |
| CSD 541 | Language Assessment and Intervention: Elementary School to High School |  |  |  |  |  |  |
| CSD 551+ | Motor Speech Disorders |  |  |  |  |  |  |
| CSD 552+ | Aphasia and Right Hemisphere Damage |  |  |  |  |  |  |
| CSD 554 | Quantitative and Qualitative Methods in Speech-Language Pathology |  |  |  |  |  |  |
| CSD 556 | Audiology for Speech-Language Pathologists |  |  |  |  |  |  |
| CSD 557 | Phonological Development and Disorders |  |  |  |  |  |  |
| CSD 558 | Swallowing Disorders: Evaluation and Treatment |  |  |  |  |  |  |
| CSD 651 | Fluency: Diagnosis and Treatment |  |  |  |  |  |  |
| CSD 652 | Voice and Resonance Disorders: Assessment and Treatment |  |  |  |  |  |  |
| CSD 653 | Traumatic Brain Injury and Dementia |  |  |  |  |  |  |

**II. Clinical Practical (9 units required for full-time track; 6 units required for Summers-only track)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| CSD 602 | Clinical Practicum in Speech-Language Pathology |  |  |  |  |  |  |
| CSD 602 | Clinical Practicum in Speech-Language Pathology |  |  |  |  |  |  |
| CSD 602 | Clinical Practicum in Speech-Language Pathology |  |  |  |  |  |  |
| CSD 602 | Clinical Practicum in Speech-Language Pathology |  |  |  |  |  |  |
| CSD 602 | Clinical Practicum in Speech-Language Pathology |  |  |  |  |  |  |

**III. Fieldwork Experience or Externship (12 units required):** Please note that this final clinical experience involves 12 weeks of full-time clinical practice at a pre-arranged clinical site.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| CSD 608 | Externship in Speech-Language Pathology |  |  |  |  |  |  |

**IV. Electives or Graduate Research (6 units required):** Two graduate-level electives or a research project.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Additional Information**

+  Students entering the program without SST 405 (Neurological Foundations of Speech, Language, and Hearing) or

it’s equivalent, must take CSD 508 prior to enrolling in CSD 551, CSD 552, or CSD 558.

You may complete this plan through one of the following tracks:

* **Full-time Track:** If you have a bachelor's degree in speech-language pathology, you will complete the plan requirements in consecutive semesters.
* **Full-time Leveler Track:** If you have a bachelor's degree in another discipline, you will complete the plan requirements, including undergraduate pre-requisite courses, in consecutive semesters.
* **Summers-only Track:** If you have a bachelor's degree in speech-language pathology and are currently employed in the field, you will complete the degree requirements through summer course work, some online academic-year course work, two clinical practical at your work site, and one non-school/medical site in the fourth summer.

“Leveling” Curriculum Hours

18-21 undergraduate credits may be required. Courses may be taken at NAU or another institution. Students should work with their advisor to determine which courses are required.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Additional requirements**

All students must pass a comprehensive examination that is administered by the department.

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.

|  |  |
| --- | --- |
| **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