

## PROGRAM of STUDY

Please type all required information. Do not handwrite. List courses in the order they were/will be completed. Each course, directed reading, independent study, etc. should be listed on a separate line. Include only those courses that will be applied to the degree.

**MASTER of EDUCATION**

M855/Q628, M856/Q628

**MAJOR:** Special Education

**CONCENTRATION:** Special Education

**NAME:** \_\_\_\_\_

**OU ID:** \_\_\_\_\_

The non-thesis degree is a coursework-only degree; a non-thesis examination is not required.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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\* For OU graduate courses including Norman, Tulsa, Advanced Programs and Liberal Studies, leave this column blank. For transfer credit (including OU Health Sciences Center courses), enter the institution name in this column. For courses applied to a dual master's degree, enter **Shared** in this column.

### REQUIRED COURSEWORK

EDSP 5143	Applied Behavior Analysis in School Settings	3			
EDSP 5163	Collaboration, Accommodations, and Modifications	3			
EDSP 5183	Advanced Assessment	3			
EDSP 6123	Contemporary Issues/Research	3			
EDSP 5013	Special Education Instructional Methods and Programs	3			

One of the following:

EIPT 5033	Introduction to Research and Evaluation in Education				
EDSP 6023	Single-Case Research Design				

**SPECIAL EDUCATION ELECTIVES:** Minimum of 9 hours graduate courses in Special Education.


**ADDITIONAL ELECTIVES:** Minimum of 6 hours of additional graduate electives approved by faculty advisor.


**THESIS RESEARCH:** 2-4 hours EDSP 5980 required for thesis students only. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

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**TOTAL HOURS:**

35-37 hours required for thesis degree  
33 hours required for non-thesis degree

I intend to graduate in the \_\_\_\_\_ semester. I hereby request approval of my program of study as outlined above. I understand that I am responsible for reviewing the policies and procedures governing graduate study at the University of Oklahoma as published in the *Graduate College Bulletin*.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_



I have reviewed the above-named student's proposed program of study and I recommend approval.

Printed Name of Graduate Liaison \_\_\_\_\_

Graduate Liaison Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR GRADUATE COLLEGE USE ONLY:

Program effective **Summer 2017**. Semester Admitted/Re-admitted: \_\_\_\_\_

Date Checked: \_\_\_\_/\_\_\_\_/\_\_\_\_ | Timeline Begins: \_\_\_\_\_ | Hours Required: \_\_\_\_\_ | **OK** \_\_\_\_ **Problem** \_\_\_\_