

TEXAS SOUTHERN UNIVERSITY
Masters of Education Degree Plan
Special Education Specialization

DATE:		Student ID#			
STUDENT NAME:			Home Phone:		
Address:			Work Phone:		
City/State:			Cell Phone:		
			Email:		
Major: CURRICULUM & INSTRUCTION		Education Minor: N/A			
Master Comprehensive Exam Date:					
English Proficiency Exam Date:		Results:	Passed	Failed	Date:
Applied and Recommended for Candidacy:			Date:		
Applied for Graduation:			Date:		Approved:

Area	Course No.	Hrs	Course Title	Planned	Completed	Grade
Foundations Core (12 schs.)	EDCI 531	3	Classroom Management			
	EDCI 540	3	Curriculum and Instruction			
	EDCI 551	3	Multicultural Education			
	EDCI 583	3	Techniques of Individualized Instruction			
subtotal		9				
Specialization:						
Minimum (18 schs)	SPED 552	3	Intro. To Education of Exceptional Children			
	SPED 553	3	Psych Founda. In Ed of Exceptional Children			
	SPED 554	3	Problems Ed. Exceptional Children			
	SPED 556	3	Psycho-Education Intervention			
	SPED 557	3	Implementation & Evaluation			
	SPED 558	3	Practicum in Education			
subtotal		18				
Resources & Research						
(6 hours)	EDFD 633	3	Educational Research			
	EPSY 831	3	Educational Statistics			
subtotal		6				
TOTAL HOURS (minimum)		36				

Approval Signatures:		DATE:	
Advisor:		Department Chair:	
Education Dean:		Graduate Dean:	
Student:			
"I have been informed and understand the contents of this degree plan" _____			

Note: When coming in for a conference concerning your program, always bring a copy of your degree plan.

Copies: Advisor Graduate Dean Education Dean Student