Program of Study
Exceptionalities, M.Ed

WRIGHT STATE
U N I V E R S I T Y

Name _____ University ID Number

Address _____

City, State and Zip _____

Home Telephone _____ Alternate Telephone

Exit Portfolio Verified by Advisor Upon Completion
Advisor's Name:

Prior to graduation, students must complete an exit project as defined by the department.

A student's program of study is administered by the department or college/school and is subject to approval by the Graduate School. **Since program requirements vary by department and college/school, it is important for students to become acquainted with these specific requirements since they, as well as university requirements must be satisfied.**

Listed below is a summary of the requirements graduate students must complete to earn a master's degree at Wright State University.
1.   Complete a Program of Study form.
2.   Complete the requirements for the graduate degree within seven calendar years.
3.   Achieve a cumulative grade point/hour ratio of at least a 3.0 in all courses taken for graduate credit (no more than six hours of C are acceptable.)
4.   Successfully complete the exit requirement
5.   Present one copy of an approved thesis (if required in program).
6.   No more than 50% of transfer, non-degree, and/or certification hours may count
7.   towards degree.

Semester Course Number		Course Title	Credit Hours
I. Required Professional Core			
ED	6080	Phonics and Word Study Instruction	3
ED	7110	Student Learning and Motivation	3
ED	7080	Cultural and Communicative Competence for Educators	3
EDS	6510	Foundations of Special Education	3
EDS	7030	Learners with Exceptionalities	3
EDS	7050	Special Education Research & Analysis	3
EDS	6570	Instructional and Behavioral Management for IS	3
EDS	6590	Assessment for Intervention Specialists	3
Subtotal			**24**

Course Number		Course Title	Credit Hours
II. Professional Electives (choose <u>two</u> of the following courses)			
ED	7100	Teaching in the American Education System	3
EDS	6650	Transitions of Students with Exceptionalities	3
EDS	6670	Collaboration for Inclusion	3
		Subtotal	**6**
		TOTAL	**30**

Section II Deletions/Substitutions

Deleted Course Number	Substituted Course Number	Course Title	Credit Hours

Section III Transfer courses from other universities

Transferred Course Number/Title	WSU Equivalent Course Number/Title	Credit Hours

_____ _____ _____ _____ _____ _____
Student's Signature   Date   Advisor's Signature   Date   Department Chair's Signature   Date