

Program of Study Exceptionalities, M.Ed

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	6040 Instruction to Word Study and Phonics for IS	3
ED	6700/7110 Student Learning and Motivation	3
ED	6850 Cultural and Communicative Competence for Educators	3
EDS	6510 Foundations of Special Education	3
EDS	6530 Learners with Exceptionalities	3
EDS	6550/7050 Special Education Research & Analysis	3
EDS	6570 Instructional and Behavioral Management Skills for IS	3
EDS	6590 Assessment Skills for Intervention Specialists	3
Subtotal		24

Course Number	Course Title	Credit Hours
II. Professional Electives (choose two of the following courses)		
ED	6600/7100 Teaching in the American Education System	3
EDS	6650 Transitions of Students with Exceptionalities	3
EDS	6670 Collaboration for Inclusion	3
<i>Subtotal</i>		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 _____