### Specialization / Autism Spectrum Disorder

**CLASS ENTERING 2015**

TO BE SUBMITTED DURING THE SECOND TERM OF ENROLLMENT IN THE PROGRAM, PRIOR TO THE OPENING OF REGISTRATION FOR THE THIRD TERM OF ENROLLMENT

**NAME**

**ANTICIPATED COMPLETION DATE**

**SEMESTER/YEAR**

**BC ID**

---

#### Course Number and Title

<table>
<thead>
<tr>
<th>Course Number and Title</th>
<th>Credits</th>
<th>Summer</th>
<th>Fall</th>
<th>Spring</th>
<th>T/W*</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUC 6495 Human Development and Disabilities</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDUC 6496 Foundations of Autism Spectrum Disorder</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDUC 6497 Intervention for Students with Autism Spectrum Disorder</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDUC 6498 Autism Spectrum Disorder Field Experience**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Credits</strong></td>
<td><strong>10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*Insert a T (transfer) or W (waiver) as appropriate. If seeking a transfer of credits, you must also fill out a “transfer request form” available online. If requesting a waiver, you must attach an official transcript to this form.

**The field experience can be waived if students have had significant direct experience with students with ASD. See program coordinator for details.

***Students cannot transfer credits to fulfill the requirements for this specialization.

---

**ARE YOU CURRENTLY AN ENROLLED BOSTON COLLEGE MASTER’S OR DOCTORAL STUDENT?**

**YES**

**NO**

---

**STUDENT SIGNATURE**

**DATE**

---

**APPROVAL**

**PROGRAM COORDINATOR**

**YES**

**NO**

**NAME**

**SIGNATURE**

---

**ASSOCIATE DEAN OF GRADUATE STUDIES**

**YES**

**NO**

**NAME**

**SIGNATURE**

---

**Lynch School of Education**

**Program of Study / 2018**