

M.A. / DEVELOPMENTAL AND EDUCATIONAL PSYCHOLOGY / EARLY CHILDHOOD SPECIALIST

CLASS ENTERING 2006

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 _____ COMPREHENSIVE EXAMS DATE _____
MONTH/YEAR

COURSE NUMBER AND TITLE	CREDITS	SUMMER	FALL	SPRING	T/W*
<i>One of the following</i> <input type="checkbox"/> py 418 Applied Developmental Psychology: Emphasis on Child <input type="checkbox"/> py 416 Child Psychology	3				
py 615 Social and Affective Processes	3				
py 611 Learning and Development among Early Learners	3				
<i>One of the following</i> <input type="checkbox"/> ed 435 Social Contexts of Education <input type="checkbox"/> py 528 Multicultural Issues	3				
<i>One of the following</i> <input type="checkbox"/> ed 460 Interpretation and Evaluation of Research <input type="checkbox"/> ed/py 468 Introductory Statistics	3				
<i>One of the following</i> <input type="checkbox"/> ed 438 Instruction of Students with Special Needs and of Diverse Learners <input type="checkbox"/> ed _____ (special education elective)	3				
Electives (4)** _____ _____ _____	12				
ED 888 MASTERS COMPREHENSIVE EXAM	0				
TOTAL CREDITS	30				

* 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.

** Electives must be related to the area of Early Childhood and approved by an advisor prior to registration.

STUDENT SIGNATURE _____ DATE _____

APPROVAL ADVISOR YES NO _____
NAME SIGNATURE

DEPT CHAIR YES NO _____
NAME SIGNATURE