# M.A. / Applied Developmental and Educational Psychology / Early Childhood Specialist

## Class Entering 2008

*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 ________________

### BC ID ________________________________ Comprehensive exams date ________________

<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>
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<tbody>
<tr>
<td>PY 418 Applied Child Development</td>
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<td>PY 615 Social and Affective Processes</td>
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<td>PY 611 Learning and Development among Early Learners</td>
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<tr>
<td>☐ ED 435 Social Contexts of Education</td>
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<td>☐ PY 528 Multicultural Issues</td>
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<td>☐ ED 460 Interpretation and Evaluation of Research</td>
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<td>☐ ED/PY 468 Introductory Statistics</td>
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<td>☐ ED 438 Instruction of Students with Special Needs and of Diverse Learners</td>
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<td>☐ ED ______ (special education elective)</td>
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* 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.

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**Student signature** ________________________________ **Date** ________________

**Approval advisor or Director of Student Services**

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<th>YES</th>
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**Signature** ________________________________

**Associate Dean of Graduate Studies**

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<tr>
<th>YES</th>
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**Signature** ________________________________ **Date** 10/08