

Certificate / Serving Exceptional Learners in Catholic Schools

CLASS ENTERING 2016

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	Credits	Summer	Fall	Spring	T/W*
Required Courses					
EDUC 6374 Management of the Behavior of Students with Special Needs	3				
EDUC 6589 Teaching & Learning Strategies for Inclusive Classrooms	3				
EDUC 6590 Universal Design for Learning	1				
EDUC 7411 Catholic Formation for Exceptional Learners Seminar	1				
Total Credits	8				

*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.

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

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