M.Ed. or C.A.E.S. / Teacher of Students with Severe and Multiple Disabilities

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 ________________

BC ID ___________________________ M. ED. ___________________________ C.A.E.S. ___________________________

COMPREHENSIVE EXAM DATE _______________ SEMESTER/YEAR _______________

Choose One:

Initial License: I am seeking an initial license and will take items checked in Column A*

Already Licensed: I have an initial teaching license and will take items checked in Column B**

See explanatory notes next page.

<table>
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<th>Course Number and Title</th>
<th>A</th>
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<th>Credits</th>
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Total Credits 46 30

ARE YOU CURRENTLY ENROLLED IN A BOSTON COLLEGE CERTIFICATE OR SPECIALIZATION PROGRAM? YES NO

IF YES, PLEASE LIST THE PROGRAM: ____________________________________________________________

STUDENT SIGNATURE ___________________________ DATE ___________________________

APPROVAL ADVISOR YES NO

NAME ___________________________ SIGNATURE

ASSOCIATE DEAN OF GRADUATE STUDIES YES NO

NAME ___________________________ SIGNATURE
NOTES:
*Completing these courses of study does not guarantee licensure. For teaching in Massachusetts, you must pass the Massachusetts Test of Educational Licensure and apply for licensure from the Massachusetts Department of Education. Other rules apply in other states and countries.
**After consultation with an advisor and review of the undergraduate transcript.
***Insert a T (transfer) or W (waiver) as appropriate. If seeking a transfer of credits, you must fill out a “transfer request form” available online. If requesting a waiver, you must attach an official transcript to this form. Students are strongly discouraged from applying for waivers for the pre-practicum experience. Waivers will only be granted to students with extensive teaching experience.
****Students will be considered full-time during the semester they are registered for EDUC/APSY/ERME/ELHE810001, Master’s Comprehensive Exam.