Lynch School — PROGRAM OF STUDY / 2005

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

CLASS ENTERING 2005 — TO BE SUBMITTED BY END OF FIRST SEMESTER IN PROGRAM

NAME _____ PROGRAM COMPLETION DATE _____ (SEMESTER/YEAR)

BC ID _____ COMPREHENSIVE EXAMS DATE _____ (MONTH/YEAR)

COURSE NUMBER AND TITLE	CREDITS	SUMMER	FALL	SPRING	T/W*
One of the following ❒ PY 418 Applied Developmental Psychology: Emphasis on Child ❒ PY 416 Child Psychology	3				
PY 615 Social and Affective Processes	3				
PY 611 Learning and Development among Early Learners	3				
One of the following ❒ ED 435 Social Contexts of Education ❒ PY 528 Multicultural Issues	3				
One of the following ❒ ED 460 Interpretation and Evaluation of Research ❒ ED/PY 468 Introductory Statistics	3				
One of the following ❒ ED 438 Instruction of Students with Special Needs and of Diverse Learners ❒ ED _____ (special education elective)	3				
Electives (4)** _____ _____ _____ _____	12				
ED 888 Master's Comprehensive Examinations	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)

5/05