Certificate in Autism

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					
EDUC6495 Human Development and Disabilities	3				
EDUC6496 Foundations of Autism	3				
EDUC6497 Educating Autistic Students	3				
EDUC6498 Autism Spectrum Disorder Field Experience**	1				
Total Credits	10				

1. The field experience can be waived if students have had significant direct experience with students with ASD. See program coordinator for details.
2. Students cannot transfer credits to fulfill the requirements for this specialization.

ARE YOU CURRENTLY AN ENROLLED BOSTON COLLEGE MASTER'S OR DOCTORAL STUDENT? ☐ YES ☐ NO

HAVE YOU MET WITH THE CERTIFICATE FACULTY PROGRAM DIRECTOR ☐ YES ☐ NO

STUDENT SIGNATURE _____ DATE _____

APPROVAL
ADVISOR YES NO _____ _____
NAME SIGNATURE

ASSOCIATE DEAN OF GRADUATE STUDIES YES NO _____ _____
NAME SIGNATURE