

### Certificate in Deafblindness

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
<b>Required Courses</b>				
EDUC6495 Human Development and Disabilities	3			
EDUC3386 Introduction to Sign Language	3			
EDUC6493 Language Acquisition Module	1			
EDUC7492 Deafblind Seminar	3			
<b>Total Credits</b>	<b>10</b>			

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.
3. Students must have Braille I competency. If students do not have background in this knowledge, please contact the Program Coordinator.

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

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

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL  
ADVISOR YES NO \_\_\_\_\_  
NAME SIGNATURE

ASSOCIATE  
DEAN OF GRADUATE STUDIES YES NO \_\_\_\_\_  
NAME SIGNATURE