

Certificate / Serving Exceptional Learners in Catholic Schools

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
Required Courses				
EDUC6374 Supporting Positive Behavior in Schools and Community	3			
EDUC6589 Teaching & Learning Strategies for Inclusive Classrooms	3			
EDUC6590 Universal Design for Learning	1			
EDUC7411 Catholic Formation for Exceptional Learners Seminar	1			
Total Credits	8			

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
PROGRAM
COORDINATOR _____
NAME SIGNATURE

ASSOCIATE
DEAN OF
GRADUATE
STUDIES _____
NAME SIGNATURE