

NAME: \_\_\_\_\_ H# \_\_\_\_\_  
                                   Last  First  Middle

LOCAL ADDRESS: \_\_\_\_\_  
   Street  City/State  Zip Code

DAY PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

CATALOG YEAR: **2023/2024**  DATE: \_\_\_\_\_

**DEGREE REQUIREMENTS:**

**To earn a Master of Education in Educational Diagnostician a student must complete the following 36 hours:**

Course Number	Course Name	HOURS
<b>MEd Core Classes:</b>		
EDUC 6320	Research Techniques and Procedures	3
<b>Educational Diagnostician Classes:</b>		
EETC 5306	Educational Applications of Technology	3
EDSP 5302	Survey of Exceptional Children	3
EDSP 5311	Diagnostic and Prescriptive Teaching for Exceptional Children	3
EDSP 5319	Teaching Strategies in Special Education	3
EDSP 5335	Identification and Evaluation in Early Childhood	3
EDSP 6305	Individual Psychological Evaluation	3
EDSP 6315	Practicum in Diagnosis	3
EDSP 6344	Educational Appraisal of Individuals with Exceptionalities	3
EDSP 6345	Advanced Assessment in Special Education	3
PSYC 6302	Measurement and Appraisal	3
EDAD 6303	School Law	3
<b>TOTAL HOURS</b>		<b>36</b>

**DEGREE REQUIREMENTS FOR GRADUATION:**

- No grade below C
- Overall GPA of 3.00 or above
- Admitted to Candidacy
- Comprehensive Examination
- Recommendation from Department
- Candidate must complete degree within five years
- Transfer credits from another college or university will be reviewed and approved by the college and department.

\_\_\_\_\_  
 ADVISOR  DATE

\_\_\_\_\_  
 DEAN, SCHOOL OF EDUCATION  DATE

I HAVE READ AND AGREE TO ABIDE BY ALL REQUIREMENTS ON THE DEGREE PLAN

\_\_\_\_\_  
 STUDENT SIGNATURE  DATE

**THIS DEGREE PLAN IS NOT VALID UNTIL RECEIVED & PROCESSED BY THE OFFICE OF ACADEMIC RECORDS**    PROCESSED BY \_\_\_\_\_ DATE \_\_\_\_\_