

**To be submitted after completion of at least 6, but not more than 12 credit hours.**  
**(For student admitted for Summer 2009 semester and after)**

Name \_\_\_\_\_ Student Banner ID \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Certification on File \_\_\_\_\_  
Buffalo State College Email Address: \_\_\_\_\_

**TaskStream Disposition: Student Self-Evaluation: \_\_\_ YES \_\_\_ NO Advisor Evaluation: \_\_\_ YES \_\_\_ NO**

Program Requirements	Course or Equivalent Taken	500 Level Hrs	600 Level Hrs	Grade	Semester Completed
<b>Preliminary Courses (up to 18 hours)</b>					
EXE 500: Individuals with Special Needs					
EXE 501: Ed. Assess. Tech.					
EXE 502: Cont. Management					
EXE 504: Grad. Prac. In Spec. Ed.					
<b>Required Courses (27-30 hours)</b>					
EXE 510: Cognition/Emergent Literacy					
EXE 612: Behavior/Young Children					
EXE 620: Curr./Severe Disabilities					
EXE 628: Consultation/Collaboration					
EXE 650: Assess./Young Children					
EXE 652: Intervention/Young Children					
EXE 682: Instr. Field Experience in Spec Ed <b>Required even if EXE 504 is completed</b>					
EXE 684: Graduate Seminar					
EXE 690 Master's Project (3 hours) or EXE 695 Master's Thesis (6 hours)					
Elective by Advisement (0-3 hours)					
<b>Total minimum at 600 level: 15</b>					
<b>MINIMUM REQUIRED CREDIT HRS: 30</b>					

**Note to Advisor:** If requirements have been satisfied by previous work, mark N/A in the grade slot and initial. The following courses (must have grades of "B" or above) completed at OTHER INSTITUTIONS are presented for evaluation as part of the Master's Degree (12 credits maximum). Official transcripts must be mailed to the Graduate School Office.

College or University	Course No. & Title	500 level	600 level	Grade	Date Completed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PLEASE NOTE:** Changes in program must be requested in writing and approved by advisor, department chair, and Faculty Dean.

*Print Name*

*Signature*

Date \_\_\_\_\_ Candidate \_\_\_\_\_  
Date \_\_\_\_\_ Advisor \_\_\_\_\_  
Date \_\_\_\_\_ Dept Chair \_\_\_\_\_  
Date \_\_\_\_\_ Dean, SOE \_\_\_\_\_