

**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 (3hrs)					
EXE 501: Ed. Assess. Tech. (3hrs)					
EXE 502: Cont. Management (3hrs)					
EXE 503: Instructional Strategies (3hrs)					
EXE 504: Grad. Prac. In Spec. Ed. (6hrs)					
<b>Required Courses (30-33hours)</b>					
EXE 520 (students who have not completed EXE 364 <b>OR</b> equivalent at UG must take EXE 520) (3hrs) ..... <b>OR</b> .....					
EXE 620: (students who have completed EXE 364 <b>OR</b> equivalent at UG must take EXE 620) (3hrs)					
EXE 628: Consultation/Collaboration (3hrs)					
EXE 631: Adapt. LA and Reading (3hrs)					
EXE 632: Direct Instruction (3hrs)					
EXE 633: Adapt Content Area (3hrs)					
EXE 634: Applied Behavior Analysis (3hrs)					
EXE 636: Social Skills (3hrs)					
EXE 682: Instr Field Experience in Spec Ed (3hrs) (Required only for students who do not complete EXE 504. <b>If Childhood Program candidate completes EXE 504, may delete or replace with an elective)</b>					
EXE 684: Graduate Seminar (3hrs)					
EXE 690 Master's Project (3hrs) <b>OR</b> EXE 695 Master's Thesis (6hrs)					
<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 \_\_\_\_\_