

Student Name: _____

Address: _____

Email: _____

Cell Phone: _____ Other Phone: _____

REQUIREMENTS

(If a course is taken at another college, please indicate college name and its course number)

Checked by Records: _____

Dept.	No.	Title	Sem	Units	Grade	Dept.	No.	Title	Sem	Units	Grade
EDSP	102	Lang and Speech Development		3.0		EDAU	115	Intro Hearing Science		3.0	
EDSP	110	Res Hum Comm Disorders		3.0		EDAU	170	Audiology I		3.0	
EDSP	111	Intro Phonetics		3.0		EDAU	172	Aural Rehabilitation		3.0	
EDSP	112	Treat/Mgmt Speech-Lang Dis		3.0		EDAU	177*	Practicum Audiology		3.0	
EDSP	113	Speech Science		3.0		Course to support Major (Not to count in Major GPA)					
EDSP	120	Articulation & Language Dis		3.0		STAT	95	Elementary Statistics		3.0	
EDSP	124	Assessment in Speech Pathology		3.0		One course from the following options:					
EDSP	161	Nrml Proc Speech & Language		3.0		PSYC	102	Child Psychology		3.0	
EDSP	162	Communication Dis Aging		3.0		CHAD	60	Child Development		3.0	
EDSP	177*	Practicum Speech Pathology		3.0		HS	15	Human Life Span		3.0	

**EDSP 177 and EDAU 177 are clinics. If you do not receive a clinic placement due to space limitations, please see your advisor to complete a course substitution form. All substituted courses (including clinics) need to be indicated in the space provided below.*

Substitute: _____ For: _____ Initials: _____ Date: _____

Substitute: _____ For: _____ Initials: _____ Date: _____

Substitute: _____ For: _____ Initials: _____ Date: _____

Substitute: _____ For: _____ Initials: _____ Date: _____

Substitute: _____ For: _____ Initials: _____ Date: _____

DEPARTMENT OFFICE USE ONLY

Checked by Advisor _____ Printed Name	_____ Signature	Date: _____
Approved by Dept. Chair _____ Printed Name	_____ Signature	Date: _____

THE ORIGINAL COPY of this form is delivered to the student named above in an envelope that was sealed by the department

A COPY of the completed and signed form is left with the CD&S department and is placed in the student's file.