

# Major Form

Communicative Disorders & Sciences  
 Connie L. Lurie College of Education  
 San José State University

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 & College	Sem	Units	Grade
EDSP	102			3.0	
EDSP	110			3.0	
EDSP	111			3.0	
EDSP	112			3.0	
EDSP	113			3.0	
EDSP	120			3.0	
EDSP	124			3.0	
EDSP	161			3.0	
EDSP	162			3.0	
EDSP	177*			3.0	

Dept.	No.	Title & College	Sem	Units	Grade
EDAU	115			3.0	
EDAU	170			3.0	
EDAU	172			3.0	
EDAU	177*			3.0	
Course to support Major (Not to count in Major GPA)					
(Stats) Math	95			3.0	
One course from the following options:					
PSYC	102			3.0	
ChAD	60			3.0	
HSCI	115			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

<b>Checked by Advisor</b> _____ <small>Printed Name</small>	_____ <small>Signature</small>	<b>Date:</b> _____
<b>Approved by Dept. Chair</b> _____ <small>Printed Name</small>	_____ <small>Signature</small>	<b>Date:</b> _____

**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.