

Student Name: _____ Student ID: _____

Address, State, and Zip: _____

Cell Phone: _____ Email: _____ Date: _____

REQUIREMENTS

Checked by Records: _____

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

Dept.	No.	Title	Sem	Units	Grade	Dept.	No.	Title	Sem	Units	Grade
EDSP	102	Lang and Speech Development		3.0		EDSP	161	Nrml Proc Speech & Language		3.0	
EDSP	110	Res. Hum. Comm. Disorders		3.0		EDSP	162	Communication Dis in adults		3.0	
EDSP	111	Intro Phonetics		3.0		EDSP	177*	Practicum Speech Pathology		3.0	
EDSP	112	Principles of Assess. & Treatment		3.0		EDAU	115	Intro Hearing Science		3.0	
EDSP	113	Speech Science		3.0		EDAU	170	Audiology I		3.0	
EDSP	120	Comm. Disorders in Children		3.0		EDAU	172	Aural Rehabilitation		3.0	
EDSP	180	Special Studies		3.0		EDAU	177*	Practicum Audiology		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.*

Additional Requirements

Category 1- Biological Science:

Course #	Title	Institution	Term/Yr	Units	Grade

Category 2- Soc./Behavioral Science:

Course #	Title	Institution	Term/Yr	Units	Grade

Category 3- Physical Science:

Course #	Title	Institution	Term/Yr	Units	Grade

Category 4- Statistics:

Course #	Title	Institution	Term/Yr	Units	Grade

Category 5- Child and Adolescent Dev:

Course #	Title	Institution	Term/Yr	Units	Grade

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: _____