

Department of Special Education
Connie L. Lurie College of Education
Sweeney Hall 204
(408)924-3700

Minor in Deaf Education

Student's Last Name	First	Middle Initial	Student ID Number
---------------------	-------	----------------	-------------------

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

Primary Phone Number	Email Address
----------------------	---------------

Undergraduate Major	Expected Graduation Date
---------------------	--------------------------

Course	Title	Sem./Yr. Taken	Grade	Units
EDSE 14A	Sign Language 1			3
EDSE 14B	Sign Language 11			3
EDSE 102	Speech, Language, Typical and Atypical Development			3
EDSE 115	Introduction to Deaf Culture			3

Department of Special Education Use Only

_____ for _____
Approved Course Substitution In place of this course

_____ for _____
Approved Course Substitution In place of this course

Approval of Minor in Deaf Education:

Dr. Peg Hughes, Department Chair
Department of Special Education

Date