

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

**Special Education Minor – Early Childhood Special 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
<b>EDSE 102</b>	Speech, Language & Typical Development			
<b>EDSE 110</b>	Autism Spectrum Disorders			
<b>EDSE 104</b>	Atypical Development			
<b>EDSE 108</b>	Assessment and Evaluation			

**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 Special Education Minor:**

\_\_\_\_\_  
 Dr. Peg Hughes, Department Chair  
 Department of Special Education

\_\_\_\_\_  
 Date