

## Special Education Minor – Moderate to Severe Disabilities

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 192A</b>	Including and Supporting Students			
<b>EDSE 216A</b>	Teaching Reading and Language Arts			

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    Date  
 Department of Special Education