



GRADUATE SCHOOL PLAN OF STUDY FOR GRADUATE CERTIFICATION DEAF AND HARD OF HEARING: AUDITORY/ORAL SPECIALIST

NAME	SOCIAL SECURITY NO.	DATE DEGREE EXPECTED
ADDRESS	EMAIL	WORK PHONE HOME PHONE
MAJOR SPECIAL EDUCATION	SEQUENCE DEAF AND HARD OF HEARING: AUDITORY/ORAL SPECIALIST	

TRANSFER COURSES
(will be equivalent to 300 level only*)

University	Course number and Title	Sem Credit Hours	Grade	When taken

ISU GRADUATE COURSES

Dept. No. and Course No.	Course Title	Sem Hrs.	Grade	Sem/Yr
591/402	Aural Rehabilitation	3		
591/403	Develop Oral Comm	3		
591/404	Collab. w/Fam & Prof	3		
591/405	Aud/Oral Educ Methods	3		
591/498.01	Prof Prac: DHH			

DEFICIENCY COURSES

Dept No. and Course No.	Course Title	Sem Hrs.	Grade
	NONE		

Total Hours Transferred _____

Total Graduate Hours 12

Signed _____
Candidate

The above plan of study is approved.

Signed _____
Candidate's Advisor

Signed _____
Department/School Designee

Signed _____
Graduate School

Date Approved _____