



GRADUATE SCHOOL PLAN OF STUDY FOR GRADUATE CERTIFICATION MULTIPLE DISABILITIES SPECIALIST

NAME	SOCIAL SECURITY NO.	DATE DEGREE EXPECTED
ADDRESS	EMAIL	WORK PHONE HOME PHONE
MAJOR SPECIAL EDUCATION	SEQUENCE MULTIPLE DISABILITIES SPECIALIST	
Check One: <input type="checkbox"/> Certification Exam Passed <input type="checkbox"/> No LBS2 Certification Sought		

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

University	Course number and Title	Sem Credit Hours	Grade	When taken
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ISU GRADUATE COURES

Dept. No. and Course No.	Course Title	Sem Hrs.	Grade	Sem/Yr
591/377	Comm Strat for Dis.	3		
591/379	Asst Tech for Dis.	3		
591/448	Applied Behavior Analysis	3		
591/470	Research Practitioner	3		
591/471	Add Needs of Lear Phys Dis	3		

DEFICIENCY COURSES

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

Total Hours Transferred _____

Total Graduate Hours 15

Signed _____
Candidate

The above plan of study is approved.

Signed _____
Candidate's Advisor

Signed _____
Department/School Designee

Signed _____
Graduate School

Date Approved _____

Submit the original and three copies to your advisor and then to the Graduate School, Hovey 309. One copy will be sent to the student at the above address and two copies will be returned to the department/school. (If additional space is needed, please use a second Plan of Study form.)