HENDERSON STATE UNIVERSITY
GRADUATE SCHOOL
Application for Admission to Candidacy – MSE – Special Education-K-12

To: Dean of Graduate School

From:____________________________________ I.D. No. __________________________

Current address: ____________________________________________________________ Street City State Zip

Home Phone: __________________________ Cell Phone: __________________________ E-Mail: __________________________

I hereby make application for admission to candidacy. Following forms have been submitted to Grad office:

_____Admission Interview  ____Transcripts  ____Teaching License  ____Informed Consent  ____Immunization Form

Area(s) of certification on teaching certificate_________________________________________________________

BY TRANSFER UP TO 6 HOURS:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Institution</th>
<th>Grade</th>
<th>Date Taken</th>
<th>Date To Be Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Foundational Courses
EDU6413 Introduction to Research
SPE 6313 Special Education Law
SPE 6323 Behavior Management
SPE 5403 Assessment & Programming

Advanced Courses
SPE 5103 Advanced Methods of Instructing Students with Mild & Moderate Disabilities
SPE 5393 Advanced Methods of Instructing Students with Moderate to Severe & Profound Disabilities
SPE 5213 Introduction to Autism Spectrum Disorder

Capstone Courses
SPE 6433 Practicum in Teaching Students with Disabilities (7-12)
SPE 6423 Practicum in Teaching Students with Disabilities (K-6)
SPE 6273 Research Problems

Elective (Must be approved by Advisor)

Projected Portfolio Presentation Date: ________________________________

Praxis II 5354 (Computer) or Praxis 0354 (Paper) Specialty Test Score ________________________________

Student Signature ___________________________________________ Date __________________________

Advisor Signature ___________________________________________ Date __________________________

APPROVED: DEAN OF GRADUATE SCHOOL: ___________________________ Date: __________________________