

## PROGRAM PLANNING AND APPROVAL FORM

### MASTER OF EDUCATION IN SPECIAL EDUCATION

#### STUDENT INFORMATION

Student ID: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Email: \_\_\_\_\_@unbc.ca Admit Date: \_\_\_\_\_ Status:  Full-time  Part-time

#### COURSE INFORMATION

	Course #	Title	Credits
<b>Core Courses:</b>	EDUC 601	Educational Research Design and Methodology	3
	EDUC 633	Human Development: Implications for Education	3
	EDUC 635	Educating Exceptional Students	3
	EDUC 636	Language and Learning Disabilities	3
<b>Research Methods:</b>			4

**Completion Path:** Students may request transfer from the comprehensive exam after completion of at least 12 credits of course work.

**Comprehensive Exam** (3 credits)     **Portfolio** (3 credits)     **Project** (6 credits)     **Thesis** (9 credits)

**Electives:** Choose 12 credits for the comprehensive exam path, 12 credits for the portfolio path, 9 credits for the project **or** 6 credits for the thesis. Electives must be chosen from the list of available options published in the [calendar](#). A maximum of 6 credits may be selected from courses not on the approved list with program approval.

Total Credits (minimum of 31 credits is required):

Additional required courses or changes to the program of study (supplemental information may be attached if needed):

#### APPROVAL SIGNATURES

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Supervisor Name (if any): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Chair: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OGP USE ONLY** Dean's review required?

No

Yes - date submitted for review: \_\_\_\_\_

Initials: \_\_\_\_\_

**DEAN'S DECISION**  Approved

Additional information required

Denied

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_