

# PLAN A

COLLEGE OF LIBERAL ARTS/SCIENCES GRADUATE OFFICE WAYNE STATE UNIVERSITY  
 PLAN OF WORK AND PETITION FOR CONDIDACY FOR THE MASTER'S DEGREE

INSTRUCTIONS – FILL OUT THREE COPIES AND PRESENT TO ADVISOR FOR APPROVAL.  
 READ CAREFULLY THE INSTRUCTIONS ON REVERSE SIDE BEFORE FILLING OUT THIS FORM.

NAME \_\_\_\_\_ ID# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_ ALTERNATE \_\_\_\_\_

MAJOR \_\_\_\_\_ ADVISOR \_\_\_\_\_

DEGREE SOUGHT \_\_\_\_\_ DEGREE: PLAN A (THESIS) XX PLAN B (ESSAY) \_\_\_\_\_ PLAN C \_\_\_\_\_

Master of

### MASTER'S PLAN OF WORK – COURSES COMPLETED AND PROPOSED

Univ.	Term	Dept	Course No.	Title	Major Hours	Core Hours	Minor Cognate Hrs.
WSU	Fall	SLP	6360	Clinical Practice in Speech Pathology	3		
WSU	Fall	SLP	6640	Lang. Dev./Disorders: Infants & Pre-School	3		
WSU	Fall	SLP	7000	Research Methods in CSD	1		
WSU	Fall	SLP	7630	Neuroscience of Communication Disorders	3		
WSU	Fall	SLP	7380	The Clinical Process: SLP	3		
WSU	Win	SLP	6360	Clinical Practice in Speech Pathology	3		
WSU	Win	SLP	7100	Research Methods: Evidence-Based Practice	1		
WSU	Win	SLP	7600	Phonological Disorders	3		
WSU	Win	SLP	7610	Stuttering	3		
WSU	Win	SLP	7680	Acquired Linguistic/Cog. Disorders: Adults	4		
WSU	S/S	SLP	6360	Clinical Practice in Speech Pathology	3		
WSU	S/S	SLP	7590	Dysphagia	3		
WSU	S/S	SLP	7520	Counseling	1		
WSU	S/S	SLP	7621	Craniofacial Syndromes	2		
WSU	Fall	SLP	6360	Clinical Practice in Speech Pathology	3		
WSU	Fall	SLP	7155	Special Topics: Multicultural/ Bilingual Issues	1		
WSU	Fall	SLP	7155	Special Topics: Augmentative & Alternative Comm (AAC)	2		
WSU	Fall	SLP	7620	Voice Disorders	3		
WSU	Fall	SLP	8390	Master's Thesis	6		
WSU	Win	SLP	7360	Internship in Speech Pathology	6		
WSU	Win	SLP	8390	Master's Thesis	2		
<b>Total Hours in Degree Program    <u>  59  </u></b>					<b>TOTALS:</b>		

NOTE: Student is responsible for completing any prerequisites pertaining to courses on this plan of work.

All degree requirements and course work must be completed \_\_\_\_\_  
 (Within six years following date of first recorded grad to be used for degree)

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Plan of work approved and candidacy recommended \_\_\_\_\_ DATE \_\_\_\_\_

Chairperson, Graduate \_\_\_\_\_ DATE \_\_\_\_\_

Checked by \_\_\_\_\_ DATE \_\_\_\_\_

CANDIDACY AUTHORIZED BY GRADUATE OFFICE \_\_\_\_\_ DATE \_\_\_\_\_