PLAN C

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			CITYSTATEZIP C	ODE			
CONTACT NUMBERALTERNATE							
MAJO	OR			_ADVISOR			
				DEGREE: PLAN A (THESIS)PLAN B (ESSAY)	PLAN C X	<u>XX</u>	
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 WSU WSU WSU	Fall Fall Fall Fall Fall	SLP SLP SLP SLP SLP	6360 6640 7380 7630 7000	Clinical Practice in Speech Pathology Lang. Dev. Disorders: Infants & Pre-School The Clinical Process: SLP Neuroscience of Communication Disorders Research Methods in CSD	3 3 3 1		
WSU WSU WSU WSU WSU	Win Win Win Win Win	SLP SLP SLP SLP SLP	6360 7100 7600 7680 7610	Clinical Practice in Speech Pathology Research Methods: Evidence-Based Practice Phonological Disorders Acquired Linguistic/Cog. Disorders: Adults Stuttering	3 1 3 4 3		
WSU WSU WSU WSU WSU WSU WSU WSU	S/S S/S S/S S/S Fall Fall Fall Fall Fall Fall	SLP SLP SLP SLP SLP SLP SLP SLP	6360 7590 7520 7621 6360 7155 7155 7620 7640	Clinical Practice in Speech Pathology Dysphagia Counseling Craniofacial Syndromes Clinical Practice in Speech Pathology Special Topics: Multicultural/Bilingual Issues Special Topics: Augmentative & Alternative Comm (AAC) Voice Disorders	3 3 1 2 3 1 2 3 3		
WSU WSU WSU WSU	Fall Win Win Win	SLP SLP SLP SLP	7660 7360 7320 7700	Language Disorders: School Age Population Neuromuscular Speech Disorders & AAC Internship in Speech Pathology Professional Issues in Speech Pathology Advanced Research Methods	3 6 1		
Total Hours in Degree Program			Program	<u>59</u> TOTALS:			
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 recommendedDATE							_
Chairperson, Graduate DATE							
Checked by DATE							
CANDIDACY AUTHORIZED BY GRADUATE OFFICE DATE							